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ABSTRACT

Eight papers presented at a March 1993 conference address the role of education in systems of care for children's mental health. Papers have the following titles and authors: (1) "Interagency Collaboration through a School-Based Wraparound Approach: A Systems Analysis Summary of Project WRAP" (Lucille Eber and Carol Stieper); (2) "Baseline Findings from a Study Focusing on the Mental Health of Children in Three Demonstration Project Sites in Texas: The School of the Future Project" (Scott S. Keir et al.); (3) "The City Lights Primary Prevention and Early Intervention Demonstration Project" (Bert L'Homme et al.); (4) "Attitudes of Regular Teachers and Administrators toward Mainstreaming (Inclusion)" (Claudia S. Greene); (5) "Perceptions and Experiences of Special Educators Regarding the Inclusion of Students with Emotional Behavioral Disturbances" (Linda T. Inatsuka et al.); (6) "Perceptions of Students Experiencing Emotional Behavioral Disorders and Their Peers Regarding Inclusive Classrooms" (Karen Topper et al.); (7) "Perceptions of Regular Educators Regarding the Inclusion of Students with Emotional Behavior Disorders" (Ruth Walker Hamilton et al.); and (8) "Perceptions of Parents Regarding Their Involvement and Experience with Collaborative Educational Teams for Students with Emotional Behavior Disorders" (Julie Welkowitz et al.). Individual papers contain references. (DB)

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The Role of Education in Systems of Care

Chapter 4

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Interagency Collaboration Through A School-Based Wraparound Approach: A Systems Analysis Summary of Project WRAP

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The WrapAround Project (WRAP) is a school-based interagency collaboration model which recently completed an eighteen-month systems planning process funded by the U.S. Department of Education. Components of the system improvement model which emerged through the planning process include a school inclusion process, an interagency referral and case coordination structure, development of non-categorical wraparound supports for children and families, a local and state parent advocacy network and an interagency focus on reallocation of resources to promote wraparound service delivery. This paper summarizes the process and results of the eighteen-month systems planning project which included the initiation of wraparound to youth and families on a pilot basis. A particular focus on the needs of families and schools is included.

Introduction

In October, 1991, the La Grange Area Department of Special Education (LADSE) was awarded a grant from the U.S. Department of Education to conduct an eighteen month systems planning process to create an effective system of support and education for youth with emotional and behavioral disabilities (EBD) and their families. The focus of LADSE's WrapAround Project (WRAP) has been to develop and pilot a system design based on the wraparound approach. This approach involves "wrapping" supports and services around youth and their families in natural environments. The primary focus of Phase I of Project WRAP was to evaluate and assess the existing interagency system while piloting new approaches for providing services in school, home and community settings. A systems improvement plan has been developed for Phase II implementation. Project WRAP's Phase II plan was one of the projects subsequently selected for implementation by the U.S. Department of Education for 1993-95. In addition, the Illinois State Board of Education (ISBE) began funding a school inclusion component, Wraparound in Schools (WAIS) for a three-year implementation beginning July 1993.

Overview

Phase I activities involved the delivery and coordination of wraparound services to 15 targeted youth with EBD and their families. An interagency Coordinating Council was involved in the creation of wraparound supports for these targeted cases, and provided specific needs assessment information for the design of Phase II. Student and family outcomes, cost effectiveness and systems improvement data collected during Phase I resulted in the proposed systems improvement plan.

Phase I of WRAP has laid the foundation for a successful systems change process by creating a cohesive interagency network and initiating more normalized supports to students and families. Mental health services have been integrated into schools. Students have been returned from residential placement and others have been successfully deflected from placement. Strategies and outcomes emerging from this planning process have led to the development of an interagency referral and case coordination network which was initiated in September, 1992. The expansion of these wraparound efforts to ensure the schools' readiness and capability to effectively educate these students is a critical component. Implementation of a school inclusion model during Phase II will allow more comprehensive application of wraparound strategies inside schools.

The comprehensive needs assessment and process of constituency building during Phase I has resulted in the development of an interagency service network and case coordination system which utilize existing resources more productively. This emerging structure involves redirection of state and local resources across educational, mental health and other agencies to provide wraparound services for youth and families in their homes, schools and communities. Other innovative aspects of the WRAP systems design which emerged during Phase I include parents as case managers for their own families, in-school respite supports to facilitate inclusion, mental health services integrated into schools, school-wide peer support programs, parent advocacy partners and a decreased reliance on categorically designed services. A national, state and local parent network and an interagency coordinating council are also important components of the plan. Finally, influencing state level collaboration around funding, regulations and incentives for inclusive community-based services is a critical focus.

Phase II of WRAP involves moving from planning activities and pilot efforts to full implementation of a comprehensive systems change plan. This process coordinates and integrates existing resources into an effective and normalized service system for students with EBD and their families. The transition from a planning stage to a systems improvement process will impact greater numbers of children/youth and families as the focus of the existing service delivery system is restructured. The Phase II design is based on the types of strategies found to have broad impact and result in effective systems of care (Boyd, 1992; Nelson & Pearson, 1991; Stroul & Friedman, 1986). These include: a) comprehensive planning and needs assessment; b) modifying existing systems; c) interagency collaboration; d) technical assistance and training; e) constituency building; and f) local system development. The WRAP Project's system plan is based on models which Boyd (1992) describes as catalysts for directing inter-systems linkages and collaboration. Table 1 illustrates how WRAP activities/components correlate with model system components identified in the literature.

Phase I Systems Needs Assessment Summary

Phase I of Project WRAP's systems planning project focused on analyzing the existing system through a comprehensive needs assessment process. The following section describes a multi-level process which includes data collection from hands-on experience with providing wraparound to a target population, questionnaires and surveys.

and on-going interagency collaboration activities.

The goals of the needs assessment process included:

- assessment of the existing community service system
- evaluation of the overall functioning and adequacy of the existing service system
- identification of service needs as defined by both consumers and providers
- comparison and evaluation of the different priorities of parents of youth with EBD, and school, social service and mental health professionals working with youth with EBD and their families
- assessment of community capacity to increase the range of services, create non-categorical options for youth with EBD and their families and identification of needs, gaps and barriers in the service system

Table 1
Project WRAP
Model System Components

Model System Components Identified in the Literature	Project WRAP Activities/Components	Phase I	Phase II
Needs Assessment and Planning	Systems Assessment	X	X
	Planning at Coordinating Council Level	X	X
	State Coalition		X
	Involve legislature		X
Constituency Building	Coordinating Council	X	X
	Wrap-Around Interagency Network	X	X
	Collaboration Around Target Cases	X	X
	State Coalition		X
	Illinois Federation of Families		X
Interagency Collaboration	Coordination Council	X	X
	Wrap-Around Interagency Network	X	X
Local Systems Development	Respite	X	X
	Parent Partners	X	X
	Parent Network	X	X
	In-Home Options	X	X
	School Inclusion Model		X
Modify Mental Health and Special Education Systems	Redirection of Department of Mental Health Residential funds	X	X
	School Inclusion Model		X
	In-Home Services	X	X
	Respite	X	X
	Mental Health in Schools	X	X
	Peer Support Programs	X	X
Technical Assistance Training	WRAP Training Network	X	X
	Coordinating Council	X	X
	Wrap-Around Interagency Network	X	X
	State Coalition		X
	WRAP Parent Network	X	X
	Illinois Federation of Families	X	X

The formal Needs Assessment process involved a two tiered assessment of service needs, service availability and service adequacy. A **service system needs assessment** questionnaire was mailed to parents of students in EBD special education programs, school personnel, community mental health and social service providers, regional directors of state social service, child welfare and education departments and other local human services such as the police department. This instrument identified sixteen services as critical components to a comprehensive system of care for the target population of youth with EBD. The questionnaire asked for an assessment of the current service provision level in these sixteen services. It also identified twenty five criteria for optimal service provision/best practices and

asked for an assessment of the adequacy of the current service system in these specific categories. The questionnaire also asked for a narrative assessment of the most needed additions to or changes in the service system.

A second instrument was sent to a representative sample of parents of youth with EBD and asked for as **assessment of the service system and services for a specific child/adolescent.** Parents were given a "shopping list" of forty nine services and asked to rate them by need, by availability and by adequacy in meeting the needs of their child and family. They were also asked to identify three services they felt they needed the most. This identified youth's needs and the availability and adequacy of services to meet those needs. These were then assessed by both the school team and the mental health provider (identified by the parent) involved with the youth through a similar questionnaire.

Project staff quickly became aware that this more formal needs assessment process was just the impetus for creating a dialogue with parents, teachers and service providers who were frustrated and confused and also were initially unsure of how to describe or quantify their unmet needs. The following section describes other less formal, but ultimately more meaningful, methods of identifying service needs for this population including:

- **The WRAP Coordinating Council**, comprised of key policy makers and administrators from state departments and local agencies focused on policy, funding and service availability issues throughout Phase I. Areas of specific need which emerged included lack of respite and in-home services for families in west Cook. Respite units from a neighboring community were accessed for target cases and the development of similar units in west Cook County are now underway. Private providers and public agencies are involved in the development and planning of these services through the Coordinating Council structure. The need for additional school-based supports to create inclusive opportunities for students with EBD being returned from residential and day treatment was identified and is being addressed through a Wraparound in Schools (WAIS) model which the Illinois State Board of Education approved for funding beginning in July, 1993. Additional public and private funding streams for community-based alternatives are being pursued for these services.
- **The Case Coordination Committee**, comprised of clinical staff from local agencies, provided critical feedback in the assessment of the community's capacity to meet the needs of it's youth and families during Phase I. The decategorization of funding structures, family preservation/ parent support services, increased interagency collaboration and the development of respite services in the LADSE community were among the greatest needs identified through the case review process.
- **Parents sought out Project staff** to discuss their service needs in response to the Needs Assessment questionnaire. These parents appeared to be the most system involved, and were often the most discouraged about the gaps in services. The most common frustration expressed indicated that lack of in-home respite was a key factor in deciding if the youth remained in the home, or if placement was sought. These parents sighted the need for after-school and summer activities in the community that were inclusive of youth identified as students in EBD programs, the need for crisis intervention services and the need for programs designed to work specifically with youth diagnosed with Attention Deficit Disorder and their families.
- **Training sessions** were frequently a forum for parent-led discussions on categorical services and their unmet

needs. Parents asked for expanded options. These included funding for new community-based interventions and in home services, parent advocacy services, for someone to help them in developing resources, and strategies for evaluating service options.

- **Consultation to school teams** often highlighted barriers to services for youth with challenging behaviors, such as financial incentives for more restrictive services such as in-patient psychiatric hospitalization rather than after school treatment (partial) programs and respite. These consultations also highlighted the need for school-based mental health supports and increased parent involvement on school teams. Frustration with their ability to control aggressive behavior would cause school teams to choose a restrictive placement quickly.
- **Case planning assistance** was sought by school teams as they identified students at risk for more restrictive school or residential placement. Planning was done in conjunction with the parent, the school team, often including community service providers. Though service planning was limited to one or two planning sessions, this case involvement reiterated many of the findings from the formal needs assessment process, such as the critical need for case management services in the community and the need for family support services that were not within the traditional parameters of the mental health treatment. Other areas in case planning included: providing mechanisms to assure that planning is parent inclusive, that services are coordinated, culturally valid and comprehensive, that the implementation of services is monitored/evaluated, that changes or modification in services are made when needed and that outcomes are established.
- **School staffing and meetings** underscored many of the gaps in the existing service system. The disparity between recommendations for needed services, availability of services and financial feasibility in obtaining services was often profound. Comprehensive and coordinated treatment within accessible distance that is covered by insurance or is at reasonable cost was consistently an issue. Creating opportunities for interagency/multi-system planning involving mental health, social service, juvenile justice and school staff in partnership with the parents was repeatedly stated as an unmet need. Integrating wraparound case planning strategies at the school staffing was an effective strategy used to address this area. School-based consultations as well as school referrals to the Wrap Around Interagency Network (WIN) were also useful and will be continued in Phase II.
- **Resource development** efforts by Project staff led to an informal referral network within LADSE. School and mental health staff sought out Project staff for suggestions on resources and referrals for services. Approximately 100 parents and professionals asked for assistance in matching services with specific needs and the process itself became another needs assessment process. Finding psychiatrists who spoke family-friendly language, included the parent in decisions and consulted with school teams was one area of need. Insurance funding of alternatives to hospitalization and networking with other consumers of a specific service or service provider were also repeated needs.
- **The hands-on experience with the fifteen families in the pilot program** made the needs assessment process a very personal appraisal. Through the course of the pilot, WRAP staff became intimately aware of the needs of these families and the frustration in obtaining the supports and services necessary to address those needs. The need for family support teams, individualized and strength-based

planning, normalized service delivery in home, school and community settings cannot be overstated.

- **Through assisting local agencies in developing or expanding services** for target cases, WRAP staff became more aware of funding and policy obstacles. Service development included respite, in-home behavior management, parent advocacy and training.
- **Development of the Parent Partner and Buddy programs** brought WRAP staff in contact with other youth, families and agencies. The Parent Partners Program involved hiring parents as service providers for other parents. The Parent Partners provide support, advocacy training, resource development or other forms of assistance to parents. The Buddies program hired 17 to 30 year-old males to provide social and recreational experiences and opportunities for project students. The contacts established through the development and implementation of these programs provided valuable input to the needs assessment process. The consumer reported success of these two programs validated the need for normalized service options as well.
- **The Wraparound Interagency Network (WIN)** was created as a means of coordinating and integrating services for youth with emotional and behavioral disabilities and their families. WIN emerged as the interagency Coordinating Council expanded it's role to take on the function of an interagency referral and case coordination network. Following discussion of policy and funding issues at monthly meetings, the Council then convenes as the Wraparound Interagency Network (WIN). WIN provides support to parents and existing providers who are interested in developing wraparound plans which go beyond traditional service delivery models. WIN addresses the need for interagency coordination and provides a means for the identification of solutions to barriers in policy and funding guidelines as well as a way to create a system of care in the LADSE community. The development of WIN was also part of the systems assessment process. Through WIN, Project staff have expanded their service capabilities and their needs assessment base.
- **The WRAP Parent Network** became the founding chapter of the Illinois Federation of Families (IFF) and joined the Federation of Families for Children's Mental Health, a national parent advocacy organization. Through the IFF's parent advocacy efforts, WRAP staff continue to receive needs assessment information from the community at large. One of the areas of development is in locating and accessing appropriate services, learning how to navigate and work with our service system.

Table 2 summarizes the critical needs which emerged through the Project WRAP Phase I systems analysis.)

Discussion Of Findings

Throughout the needs assessment process parents and schools frequently requested more mental health services. Upon examination, however, it became clear that what they most often wanted was not what therapists and mental health agencies traditionally provide. Though labeled as a mental health service, parents were asking for a means of intensive coordination of interagency, multi-system planning and services, for a broad array of services to support them as parents in meeting the needs of their child with emotional and behavioral disabilities. This involved supports that would allow them the time and energy to begin to meet some of their own needs which often got buried under the vast needs of their child. Parents taught us that they want other parents, professionals who are much more personally, humanly and holistically involved, who are not blaming or pathologizing, and some

Table 2
Project WRAP
Critical Needs Which Emerged Through the Project WRAP Systems Analysis

Area of Need	Project WRAP Activities/Components
Family/Home	In-home respite and community-based alternatives to residential services
	Out-of-home and emergency respite; community-based shelter for MIRA youth mandating in-home family preservation services
	In-home family support/counseling/family preservation services to the family prior to any placement of a child in residential care
Parent Supports/Services	Parent led support groups
	Advocacy services
	Parent training groups that provide baby-sitting
Community/Recreational	Inclusive recreation programs in the community
	Supervised after-school programs providing normalized social activities
	Community-based (vs. home-based) therapeutic respite services
	Summer programming for youth with EBD
Schools/Educational	Development of models and techniques for inclusion of students with EBD in regular classrooms in neighborhood schools
	Increased and more meaningful parent involvement with school teams
	Intensive case coordination services that are school-based
	Day treatment in normal school setting for youth with chronic mental illness
	A change in the type of communication schools initiate with the parent: problem-solving and progress update contacts
	Creating true partnerships between schools and parents
	Truancy intervention that is outcome directed
	School teams that collaborate/plan meeting jointly when working with children from the same family in different schools
	School scheduling meetings that take the parents work schedule into account
	Family support for school staffing, using family-friendly language in school meetings
	Assessment services by an interagency team that is activated by school referral for more restrictive placement
	Eliminate home-bound status for behavioral reasons
	Peer support programs
	Making school staffings focus more on the child and less on the regulations and paperwork
	Reducing school suspension of students with EBD
	Brochure regarding parents rights and special education that are written in family-friendly language
	Behavior management consultants that can be utilized by school staff and family for unified planning prior to reintegration in home or district school, following day or residential placemen
Case Management	Individualized case planning assistance that is family inclusive and is provided to school team, community service providers and the family
	Case management services that work in partnership with the parent and focus on team development, development and coordination of services, accessing services and funding for services, monitoring and evaluation implementation of services, establishing normalized measurable outcomes.
	Increased interagency collaboration in case management
	Someone to help parents in identifying and evaluating service needs, options and providers

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Table 2 (continued)

Psychological/ Mental Health Services	In-home counseling services and supports
	Baby-sitting during in-office treatment
	Reduction in fragmented service delivery
	Multi-system involvement in comprehensive assessment and diagnostic evaluation
	Primary prevention programs in grade schools regarding drugs, gangs, dropping out and pregnancy
	Crisis intervention services
	Community-based hotline services
	School-based services to student and to school teams
	Community-based intervention and service models that are more comprehensive and normalized than in-office therapy sessions
	Need to reduce duplication in services
	Need for mental health provider to work in conjunction with other providers of service to family such as physicians and the extended family network
	Peer counseling programs for adolescents
Medical	Accessible and affordable drug testing
	Low cost health care
Training	Parents and school personnel: diagnostic labels and what this means in relation to needs and services
	Parents: learning how to navigate the human service and special education systems and advocate for services for their child
	Dealing with physical aggression in the school and home
	How to develop and implement effective school inclusion plans that involve teachers, parents and mental health
Funding Structures	Reallocation of funds support a broad array of home and community-based supportive services.
	Insurance funding of partial programs psychiatric hospitals
	Decategorization of funding/flexible dollars: needs-based not service-based planning
	Individual Care Grant use for funding of in-home service as an alternative to residential placement
	Funding for alternatives to in-patient care as well as for after insurance is depleted
	Funding for community-based services rather than placing services in institutional settings outside the community
	Insurance funding of respite services
	Eliminating financial incentives for more restrictive services
Resource Development: Information and Access	Wider access to information regarding public aid, medicaid, SSI and other funding streams for services regarding eligibility requirements and service information
	Parent networking regarding evaluation of services (consumer-based evaluations)
	Services for identifying resources, "brokering" services and funding for services for families

time for their marriages, their own lives, friends and work. The extent of need was most overwhelming in the area of parent support and the types of services that make an alliance with the parents to develop, access, fund and coordinate services to help their child. This includes case management with a focus on parent-driven and strength-focused planning as well as normalized services in more normal school, home and recreational settings.

Parents asked for services delivered by peers, parent led support groups, advocacy services and a customer mindset when it came to

obtaining services. Some parents expressed a desire for in-home mental health services but the description was more in line with respite and behavior management consultation than therapy. Parents talked about placing their child in a psychiatric hospital but psychiatric hospitalization was never rated as a needed service. Parents stated they used them when services were not available in the community. The financial implications for the service system are obvious but family by family, they were often disastrous. What parents said they needed was someone to do an assessment of the youth, then work with the youth, parent and school on solutions, or out-of-home respite on a temporary basis. Parents overwhelmingly stated they needed to have someone help them navigate the service system, be that mental health, special education, medical, etc. They asked for someone to help them develop resources, access services and advocate in their behalf. Yet they rated case management as a low priority.

School teams said they wanted mental health services to be school-based. However, they felt it was most practical and useful to have clinicians available for on-site assessment, at school team meetings to assist them in planning, and as a resource for in-home services to work with the parents. They felt this type of service was more effective than seeing students during class time for therapy.

Final Comments

Perhaps because the youth in the WRAP Project pilot were labeled emotionally and behaviorally disordered, it seemed that parents and school personnel felt the need was in mental health. But what the more interactive needs assessment process determined was that adults (parents, school teams) wanted people to work directly with them in meeting the needs of youth. Prior services had focused on the youth and the problems behavior demonstrated by the youth. The system gap most readily identified was in services to the adults who live with, teach and guide these youth. Simplistic as it may sound, adults wanted the help.

Schools and parents want an alliance, want supports to better meet the requirements of their "job" with the youth. They talked about having a therapist or a social worker or teacher or parent include them in the communication loop, give them non-blaming suggestions, insights, feedback. What they want for their child is some place to go, someone to go with and something meaningful for them to do. They want normal things for their child, and a partner in helping them with the parts of their child's life that were the not so normal parts.

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Baseline Findings from a Study Focusing on the Mental Health of Children in Three Demonstration Project Sites in Texas: The School of the Future Project

Data are being collected annually over a five-year period on approximately 80% of the students in 15 schools in Texas (4 in Austin, 6 in Houston, and 5 in San Antonio schools) participating in the evaluation of the School of the Future demonstration project (a school-based, coordinated health and human services program). The nationally recognized instrument developed by Dr. Achenbach measuring mental health has been administered to students in the six middle schools (grades 6-8). Teacher report data assessing students in the same area were collected in the nine "feeder" elementary schools (grades K-5). The initial results of the baseline mental health surveys collected and the exhibited differences between elementary and middle school students participating in the evaluation are discussed. The results support the importance of providing preventive social services at the elementary and middle school levels in Texas.

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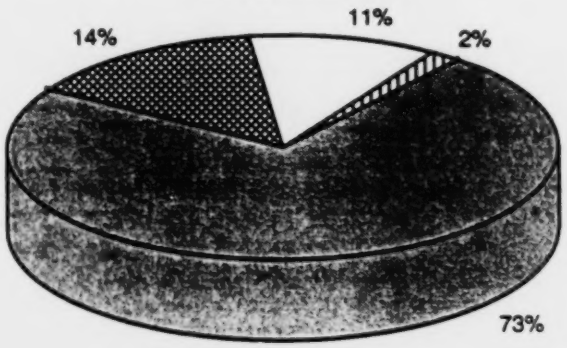
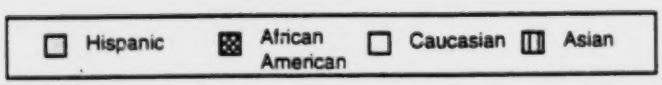
Introduction

The School of the Future Project, which implements and coordinates school-based health and human services for students and their families, has important implications for how public schools can be utilized more effectively in the 21st century. Recognizing the importance of documenting the project's impact, the Hogg Foundation for Mental Health, in addition to providing one million dollars in direct grant support, has committed another million dollars to indirect support, most of which is devoted to evaluation of the project. The evaluation plan for the School of the Future was developed through consultation with the directors of two earlier projects, James Comer (Comer 1980; 1988) and Edward Zigler (Zigler 1989), as well as a school-based service project in Philadelphia that is funded and evaluated by the Center for Education in the Inner Cities (CEIC) Project at Temple University (Center for Research in Human Development and Education 1990; Peng, et al., 1991).

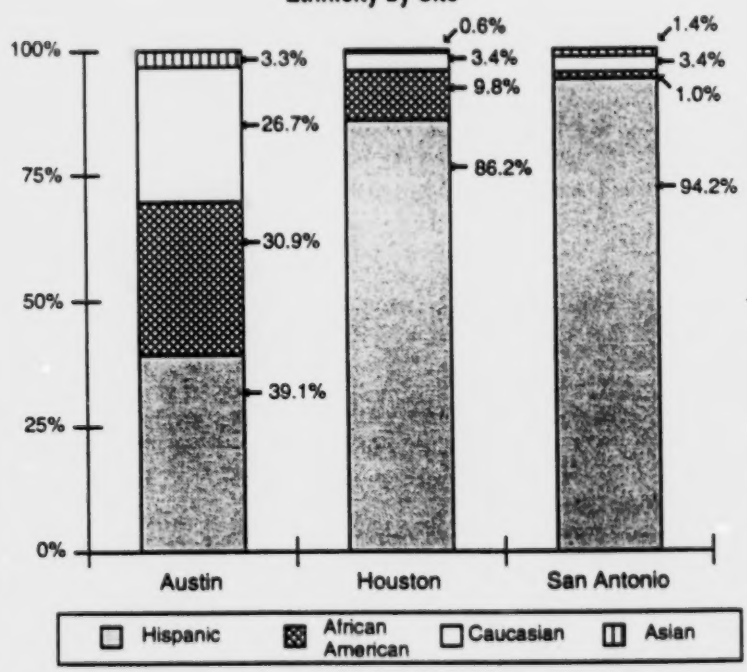
Three of the four School of the Future sites are discussed in this paper: Austin, Houston, and San Antonio. The fourth site elected not to use the identical across-site survey instruments used by the other three sites, making comparison extremely difficult. Therefore, this fourth site is not included in the discussion.

Figure 1
Ethnicity Across Sites





Ethnicity by Site



* Based on surveys collected from each site.

Site Descriptions

Austin. The Austin School of the Future site is located in the far southeastern part of the city in an area known as Dove Springs. Dove Springs is a recently developed neighborhood with a high number of rental units and high population turnover. Because of these factors, few community services have been established.

The two schools, Méndez Middle and Widen Elementary, located on opposite sides of the area's main street, were built eight years ago. While school authorities deny that gangs are more prevalent at Méndez than at other schools in the district, a number of parents have relocated to avoid sending their children to Méndez. The population at the schools is diverse with (see Figure 1); slightly less than 50 percent of the students are Hispanic, 25 percent African American and 25 percent Caucasian. Approximately half of the students come from low income families.

Houston. Three schools in an area called "the Heights" form the nucleus of Houston's School of the Future. The Heights lies northwest of downtown along both sides of Interstate 10. The neighborhood is predominantly Hispanic and low income. The schools included are: Hogg Middle School, Brock Elementary, and Memorial Elementary.

The student population at the middle school has increased significantly over the past few years. There are now more than 1,100 students, 85 percent of whom are Hispanic. Three quarters of the children qualify for the federal free lunch program and more than 30 percent are from single-parent homes. Half the children are not in age appropriate classrooms. A needs assessment that was conducted at the beginning of the project indicated that 80 percent of the children living in the school neighborhood claimed one or more family members used non-prescription drugs. (Houston School of the Future Needs Assessment, 1991)

The Hogg Middle School was already the site of a highly successful dropout prevention program and has been receptive to other outside efforts to help children. The program serves students classified as "at risk," a category which includes 70% of the school's children. Recently, the dropout prevention effort has expanded to include drug abuse treatment and prevention services.

Memorial Elementary was built during the 1920s and has a student population of just over 500. Planned renovations over the past year added another 100 children to the school. Brock Elementary, built on land donated by a successful black businessman from the Heights, is smaller, with just 280 students. Both schools feed into Hogg Middle School and have similar demographic characteristics—predominantly Hispanic and low income children.

San Antonio. The J. T. Brackenridge neighborhood is heavily Hispanic and faces numerous obstacles for mental health and stability. Physical boundaries isolate the neighborhood from the rest of the city. Few industries or substantial employment opportunities exist in the area. Almost all of the school children live in poverty. Crime, family disorganization, and substance abuse are common. Malnutrition and maltreatment are persistent. The local service agencies are overloaded with problems to remedy. The school district is financially strained and when the program started, there was no viable PTA or corporate sponsor. School personnel are frequently involved in helping children and families solve social problems.

A part of the San Antonio Independent School District, the state's fourth-largest school district, J.T. Brackenridge Elementary is a relatively modern facility serving 950 students, preschool through grade five. It is located in the middle of the Alazán-Apache Courts housing project, which was dedicated by Eleanor Roosevelt in 1939 and is the oldest housing project in the country.

Well over 1,000 apartment units make up the Courts, though many units are boarded up and appear to be uninhabited. The Alázan-Apache Courts provide housing for over 1,000 families and 4,300 residents. Over half of the families with children are one-parent families. The Alázan-Apache Courts represent 18.6% of the total public housing population in San Antonio and 15% of the public housing project children. The average income of families in the Courts is just under $5,000.

Also serving this area is Tafolla Middle School, another large, modern facility. With an enrollment of 1,000 students, grades 6 through 8, Tafolla offers both mainstream educational offerings and a magnet language arts/ accelerated studies program. Almost all of Brackenridge graduates attend Tafolla, though a relatively small number of them are part of the accelerated language arts program.

Purpose

The findings from the School of the Future evaluation are used in several ways:

Assist in Site Planning. After data are collected, appropriate information is "filtered" back to the sites to help them in project planning. Aggregated information helps site personnel to prioritize program needs and implementation in the school to inform and educate local service providers on the school-based service approach.

Inform Key Decision-Makers. Research on the effectiveness of the school-based service approach will be provided to legislators and other key decision-makers. By demonstrating

the benefits of the School of the Future concept, local, state, and/or federal support may be garnered for developing a school-based approach in other schools.

Develop a Blueprint for Replication. One of the objectives of the evaluation is to document the "successes" and "failures" in each of the project sites. This documentation, combined with other important data, such as budget figures, will provide valuable information to those interested in implementing school-based service projects in their communities.

Design

Data used for this paper were collected from students and their teachers in all schools participating in the project as well as identified "comparison" schools matched demographically with the experimental schools (see Table 1).

Data collection procedures have been standardized which make it possible to analyze similarities and differences in outcomes across the three sites as well as within sites between project and comparison schools. Again, standardized data collection procedures have been designed so an experimental-control comparison can be made.

The research is planned for a five-year period, but the data to be discussed here are from the first year of the project only. The data collected annually on students from the survey and the achievement data downloaded from the school computer files will be matched up on our data sets, enabling us to study the same students in the project sites and comparison schools over the five years of the demonstration project.

Measures

The focus of the School of the Future is the student and the ultimate goal is to improve the quality of life for the children in these schools and neighborhoods. One aspect of an improved quality of life for children is improved mental health. This aspect of the evaluation is the focus of this paper. Other data collected on students are: self-esteem, academic achievement (grades, standardized test scores, and attendance), and perceptions of school climate. These data are linked to the survey data collected on mental health. The discussion here, however, will look at the mental health survey data only. The following instruments comprise the core of the student information collected.

Youth Self-Report Form. Achenbach's Youth Self-Report Form (YSR), a version of the Child Behavior Checklist (Achenbach 1991a), is the core instrument in the student survey. Students are asked to respond "always true", "sometimes true", or "never true" to items asking about their everyday behavior over the past six months. Examples of items included are:

Table 1
Youth Self-Report and Teacher Report Forms by Ethnicity

	Ethnicity				
	Caucasian	Hispanic	African American	Asian	TOTAL
Instrument					
Youth Self-Report Form *	382	2215	454	52	3103
Teacher Report Form **	355	2959	439	54	3807
TOTAL	737	5174	893	106	6910

* Forms with less than 8 items missing (Total number of collected forms is 3258)

** Totals before parental consent considered (Usable total should be close to 90% of these figures)

- I daydream a lot
- I am mean to others
- I don't get along well with other kids
- I have trouble concentrating or paying attention
- I deliberately try to kill or hurt myself

When these items are grouped and scored as instructed, various aspects of a child's mental health can be measured. The syndromes measured include the following eight scales: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior (and for boys only, self-destructive/identity problems).

This instrument also allows for a comparison of those completing the assessments to a national sample of children. The national sample has two normed groups for comparison: 1) children *not referred* for mental health services in the past 6 months ("non-referred" group); and 2) children *referred* for services in the past 6 months ("referred" group).

The YSR is recognized nationally, has extensive normative information available (Witt, et al., 1990), and has been tested and deemed appropriate for students in grades 6-8. There are 122 items in the YSR that take approximately 30 minutes to complete. It is administered during one class period in the classroom annually in the late Fall of the school year.

Teacher Report Form. Another version of the Child Behavior Checklist offered by Achenbach (Achenbach, 1991b) has been developed for completion by teachers on their students. The Teacher Report Form (TRF) is used with children in Kindergarten through 5th grade because these students are not be able to complete the self-report version.

This form, which contains the same basic problem items as the self-report version and also offers a normed sample of children as a comparison, is completed by almost 80 percent of the teachers for each elementary school student in their class and is done over a six-week period near the end of the school year. They are completed late in the school year so teachers have the time to get to know their students well enough to answer these important and sometimes difficult questions about them.

In the experimental and comparison sites, information is collected annually from teachers on all children in these lower grades through the use of the TRF. Teachers are compensated for their time in completing the assessments.

Results

Preparation for Data Analysis. There was an initial concern about using this instrument on this unique population of children, so two preliminary analyses were performed to determine the reliability of the data collected. A "global reliabilities analyses" and a "confirmatory factor analyses" were performed on the data. In the global reliabilities analyses, the Cronbach alphas were calculated for our population and then compared to the alphas generated for the Achenbach normed sample for both the YSR and the TRF (see Table 2). There were no significant differences in the alphas generated for the two groups.

In the confirmatory factor analyses, we tested various models to see if race or age effected the level of comprehension of the instrument. We concluded from these tests that the basic model fits across the various ethnic groups and that any existing cultural differences in interpretation and comprehension of the basic ideas conveyed in this instrument were not significant.

Elementary School Students. The results of the Teacher Report Form (TRF) analysis indicate that children in both the experimental and control sites in Texas more closely resemble the scores for the "non-referred" sample of children (see Figure 2). Since only a very few of the children in these schools participating in the evaluation have ever been referred for any kind of mental health service, the results shown

Table 2
A Comparison of the Reliabilities Obtained by Achenbach on the TRF and YSR with those Obtained by the Hogg Foundation on those Same Instruments During 1991-92

	Cronbach's Alpha TRF	
	Achenbach Norms	Hogg Foundation 1991-92
Girls (N = 1379)*		
Withdrawn	.83	.76
Somatic	.76	.80
Anxiety	.89	.84
Social Probs	.87	.81
Thought Probs	.63	.56
Attention Probs	.95	.94
Delinquency	.69	.73
Aggression	.96	.96
Internalizing	.91	.89
Externalizing	.95	.96
Total Problems	.97	.97
Boys (N = 1401)		
Withdrawn	.83	.77
Somatic	.72	.75
Anxiety	.88	.85
Social Probs	.85	.85
Thought Probs	.72	.65
Attention Probs	.94	.94
Delinquency	.70	.87
Aggression	.96	.96
Internalizing	.90	.89
Externalizing	.96	.89
Total Problems	.97	.97

	Cronbach's Alpha YSR	
	Achenbach Norms	Hogg Foundation 1991-92
Girls (N = 1781)		
Withdrawn	.59	.68
Somatic	.80	.79
Anxiety	.90	.84
Social Probs	.68	.59
Thought Probs	.71	.71
Attention Probs	.78	.72
Delinquency	.76	.64
Aggression	.86	.82
Internalizing	.91	.89
Externalizing	.89	.86
Total Problems	.95	.95
Boys (N = 1499)		
Withdrawn	.59	.67
Somatic	.77	.77
Anxiety	.86	.81
Social Probs	.68	.59
Thought Probs	.69	.68
Attention Probs	.75	.72
Delinquency	.76	.64
Aggression	.86	.84
Self Destructive	.76	.75
Internalizing	.89	.88
Externalizing	.89	.86
Total Problems	.95	.95

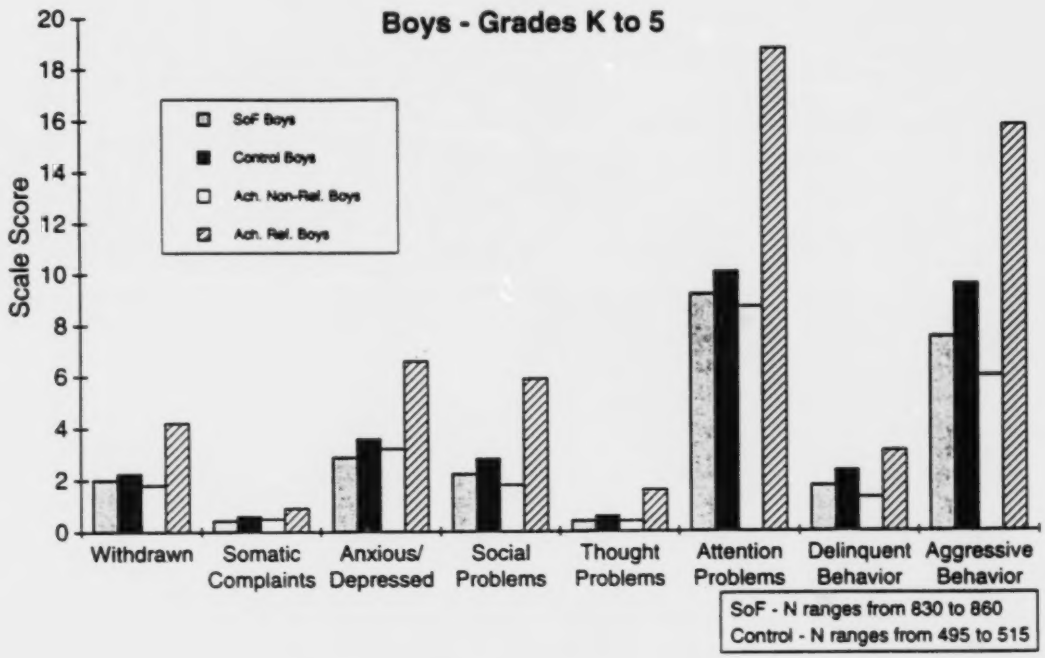
* All N's refer to Hogg Foundation Samples

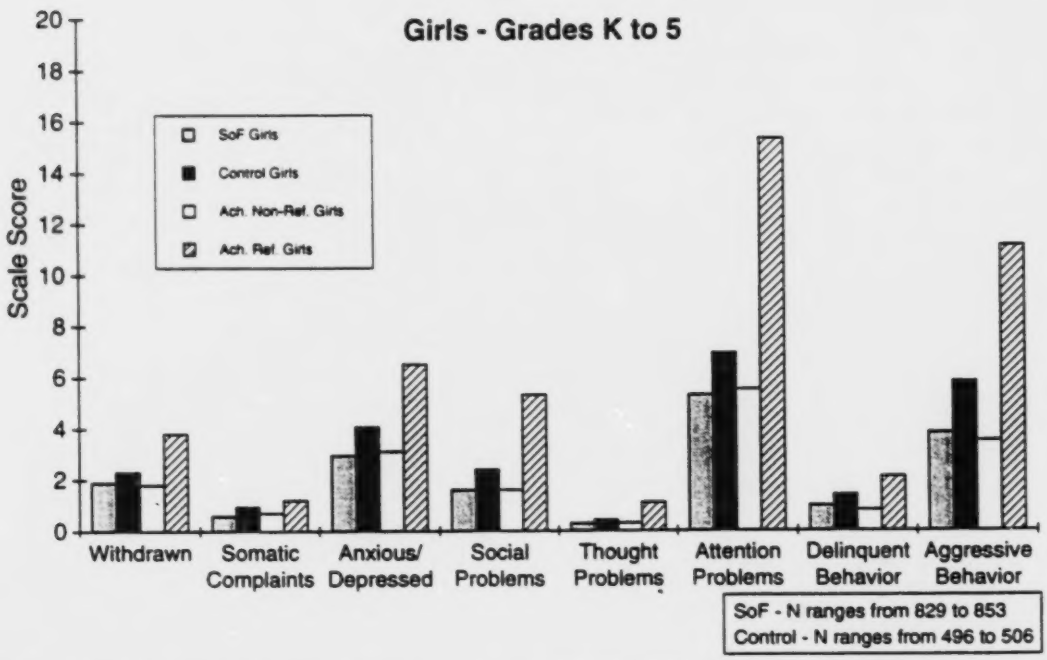
here are not very surprising. However, there are some results that need to be mentioned.

The control school children show higher syndrome scores than the demonstration school site children for all syndromes. This holds true for both the boys and girls in these sites. It will be very interesting to see if the gap between the control and experimental sites widens further over time as mental and physical health services become increasingly available to only those students in the experimental schools.

Also, despite the fact that neither the boys nor the girls exceed or even equal the scores of the "referred" group of children, for several syndromes, the boys and girls in both the control and experimental sites show significantly higher scores than the "non-referred" group. Boys are above the "non-referred" group norm in the withdrawn, social problems, attention problems, delinquent behavior, and aggressive behavior syndromes. Girls are above the "non-referred" group scores only in the delinquent behavior

Figure 2


Boys - Grades K to 5
Scale Score
20
18
16
14
12
10
8
6
4
2
0
SoF Boys
Control Boys
Ach. Non-Ref. Boys
Ach. Ref. Boys
Withdrawn
Somatic Complaints
Anxious/ Depressed
Social Problems
Thought Problems
Attention Problems
Delinquent Behavior
Aggressive Behavior
SoF - N ranges from 830 to 860
Control - N ranges from 495 to 515


Girls - Grades K to 5
Scale Score
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18
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14
12
10
8
6
4
2
0
SoF Girls
Control Girls
Ach. Non-Ref. Girls
Ach. Ref. Girls
Withdrawn
Somatic Complaints
Anxious/ Depressed
Social Problems
Thought Problems
Attention Problems
Delinquent Behavior
Aggressive Behavior
SoF - N ranges from 829 to 853
Control - N ranges from 496 to 506

and aggressive behavior categories. Again, it will be interesting to monitor any changes in these findings over the five-year period of the project.

Middle School Students. The results of the Youth Self-Report (YSR) analysis present a very different picture than the results from the TRF (see Figure 3). The middle school students show many more problems than the elementary school students. In all syndromes, for both genders, the children participating in the project evaluation scored significantly higher than the "non-referred" group.

In some syndromes, these children show *even higher* scale scores than the "referred" group. This is the case for somatic complaints, social problems and thought problems for boys and somatic complaints for girls. All in all, the sample of children in both the experimental and control sites more closely resemble the "referred" group of children than the "non-referred" group. Although these children closely resemble the "referred" group of children, only a very few of the children in these schools have ever received any physical or mental health services.

Discussion

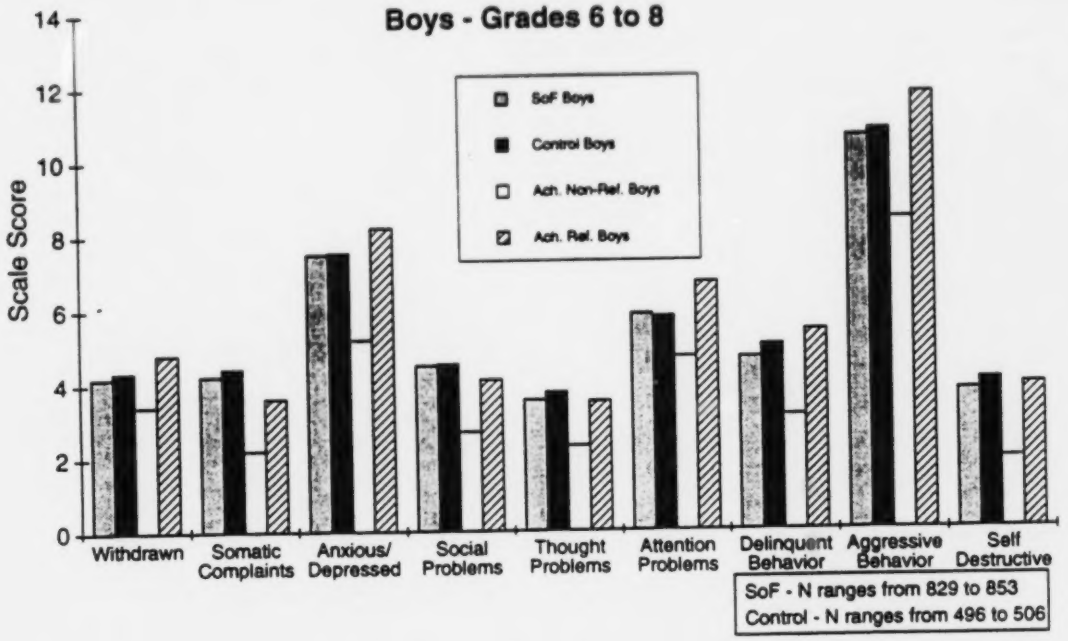
It is important to state here that the comparison between the student assessment results from the elementary school and the middle school is a not "clean" comparison because the elementary school assessments were rated by the students' teacher while the middle school assessments were completed by the students themselves. Despite the differences in perspectives from which the assessments of elementary and middle school children come, the variation in the results of those assessments is so dramatic that it is difficult to accept the idea that this variation is due entirely to differences in perspective.

These early findings support the argument for making physical and mental health services available in economically disadvantaged communities. The results also point to the critical need for prevention and early intervention services. In order to improve the mental health of all children in these communities, there must be an effort to offer preventive services to children in the communities by utilizing the schools as the distribution point for these services. These results call attention to the importance of offering these services to children as early as the elementary school level. Offering services at this early stage could decrease the number of crises that develop in the middle school and high school years.

Future Research

Currently data are being entered from the YSR surveys that were administered in the Fall school semester of 1992 and the TRF surveys distributed to teachers in the Spring semester of 1993. When these data are entered, analyses will be conducted to look for change in the various syndromes in the children from year 1 to year 2. Over the five-year period of the project, and most likely for several years after the project is completed, there will be an effort to follow the progress of those students involved in the schools that are currently participating in the evaluation. The plan is to follow these children as long as possible in a cohort and panel study of specific children to see if there is a link between availability of mental and physical health services and student academic achievement.

Figure 3


Boys - Grades 6 to 8
Scale Score
14
12
10
8
6
4
2
0
SoF Boys
Control Boys
Ach. Non-Ref. Boys
Ach. Ref. Boys
Withdrawn
Somatic Complaints
Anxious/ Depressed
Social Problems
Thought Problems
Attention Problems
Delinquent Behavior
Aggressive Behavior
Self Destructive
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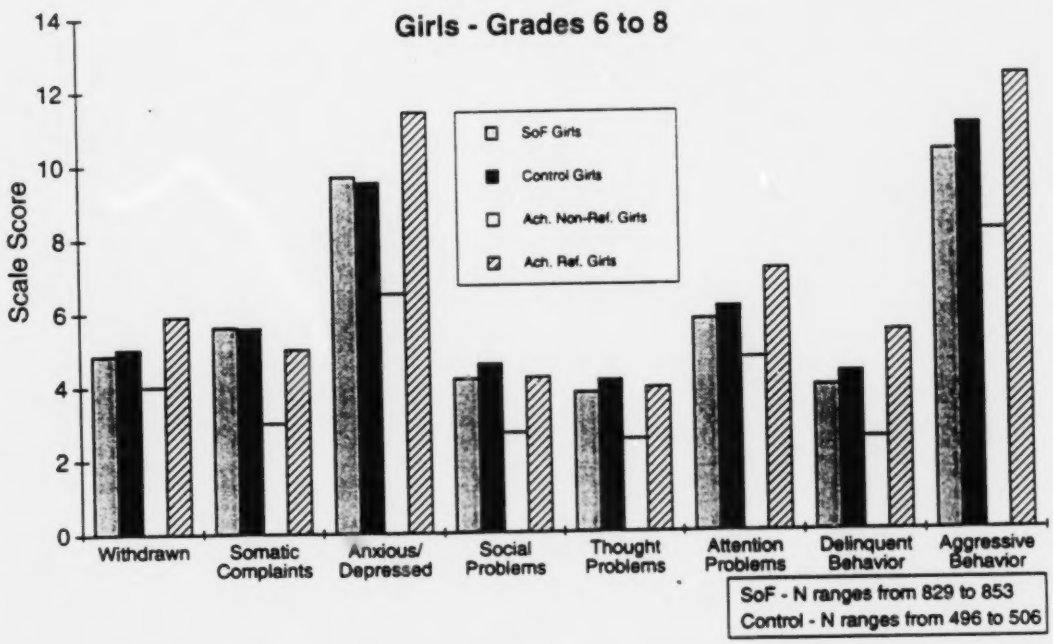
Girls - Grades 6 to 8
Scale Score
14
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10
8
6
4
2
0
SoF Girls
Control Girls
Ach. Non-Ref. Girls
Ach. Ref. Girls
Withdrawn
Somatic Complaints
Anxious/ Depressed
Social Problems
Thought Problems
Attention Problems
Delinquent Behavior
Aggressive Behavior
SoF - N ranges from 829 to 853
Control - N ranges from 496 to 506

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The City Lights Primary Prevention and Early Intervention Demonstration Project

City Lights School has successfully incorporated a substance abuse prevention and treatment component into its existing psychoeducational day treatment program. With this addition, the school's services now include: remedial education, clinical and psychological services, vocational counseling and job development, and substance abuse prevention and treatment. A three-year grant from the Office of Substance Abuse Prevention (OSAP) initially funded the program, with a two-year extension enabling support to continue through August 1992. The substance abuse prevention program has addressed one key problem: preventing and arresting substance abuse among the growing population of high risk youth. Data were collected on dependent variables such as incidence of substance abuse, transition to more and less restrictive environments, recidivism, and independent living. Independent variables such as age, ward status, and school history were also tracked. The main findings were that the rate of criminal offenses dropped, and the rates of employment, training, and independent living increased.

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Introduction

Since 1987, the range of services provided by City Lights School has evolved considerably. The substance abuse program, in particular, has led the school to widen the focus of its treatment. The emphasis now is not just on remedial education, but on the broader, more personal aspects of lifestyle, behavior, self-concept, and self-esteem. Given the increasing prevalence of crime, drug abuse, illiteracy, and unemployment among inner-city youths, clinical staff members have recognized the need to become more proactive, seeking to prevent substance abuse, violent behavior, and unemployment before they become deeply ingrained in young people's lives. The school's comprehensive approach to treating serious emotional disturbance now consists of remedial education; psychological counseling and treatment; vocational counseling and job development; and substance abuse prevention and treatment.

Goals

The goals of the demonstration project remained constant over the five year grant period, and are consistent with City Lights' overarching institutional goals. The project sought to accomplish the following:

1. Decrease the incidence of drug abuse among high-risk youths.
2. Reduce the risk factors for drug abuse among high-risk youths and their families.
3. Increase the resiliency factors of high-risk youths and their families.

One of the school's basic assumptions is that successful treatment of seriously emotionally disturbed, inner-city adolescents must be founded on a comprehensive, multi-faceted approach. Thus, in developing the demonstration project, City Lights has integrated the following services into its existing program:

1. A comprehensive Substance Abuse Prevention Program that builds self-esteem and increases coping skills and family support, while developing a positive peer culture among high-risk youths.
2. A Career Education and Job Placement Program which develops life-long job skills, self-sufficiency, and places high-risk youths in supported competitive employment.
3. An Internal Evaluation System to measure participant outcomes and identify factors that promote resiliency and decrease the risk of adolescent substance abuse.

The target population for this demonstration project was seriously emotionally disturbed, inner-city adolescents at City Lights School. These adolescents' parents typically offered little support or guidance, were physically or sexually abusive, and were often substance abusers themselves. Students at City Lights had histories of low academic achievement, learning disabilities, low self-esteem and poor coping skills. Additionally, they were prone to violent or delinquent behavior and sexual promiscuity. Many had already become parents.

The demonstration project has strengthened City Lights' efforts to increase students' resiliency to various environmental hazards. Improved literacy, self-esteem and problem-solving skills as well as accurate knowledge of the effects of drugs and alcohol, improve the likelihood that students can resist peer pressure to abuse substances. Development of life-management skills and job skills attempted to improve the student's chances of achieving independence, and thus reduce the appeal of the easy money afforded by drug dealing.

Research Questions

Researchers were guided by the City Lights Logic Model (shown in Figure 1) in formulating the following research questions:

1. What target population was served in the demonstration project?
2. How can adolescent drug use among high-risk African American adolescents be described?
3. How can the experience of African American adolescents at risk for substance abuse in a psycho-educational day treatment program be described?
4. To what extent are such adolescents placed in a less restrictive environment at the time of disposition and at follow-up?
5. To what extent are such adolescents working at the time of disposition and follow-up?
6. To what extent are such adolescents living independently at the time of follow-up?

Method

The demonstration project was assessed under a Real Time Prospective Design, as defined by Robins (1980). The approach is to select a sample at Time I, examine its members, introduce a treatment routine, and wait for the treatment to take effect before measuring again.

Figure 1
City Lights Logic Model

Resources/Conditions	Program Activities	Intermediate Outcomes	Long-Term Impacts
If youths with:	Participate In:	They Learn:	And Are Empowered To:
Drug use and exposure to family/peer drug use	Educational Program • Basic remedial academics • Comprehensive Competencies Program • Physical education	Reading/Language/Math skills	Work Towards: • Further school or training program
History of/current family dysfunction, physical and sexual abuse or neglect	Clinical Services • Intake • Groups/Individual Psychotherapy • Clinical Meetings • Family Counseling • Case Management • Aggression Replacement/ Crisis Intervention • Psychoeducational Milieu	Self-esteem, self-control and the value of support systems (peer, school, family, neighborhood)	• Competitive employment • Less restrictive environments • More extensive support system relationships, including formation of new relationships on own initiative
Diagnosed psychiatric problems/severely emotionally disturbed		To attend school regularly and to stay in school	
Chronic school failure/ dropout/truancy/low academic achievement	Substance Abuse Prevention/ Health Education Activities • Groups/Life Management Skills Training Center • Peer Education • Substance Abuse Counseling	To be a functioning, productive member of support systems	• Lead drug-free lives • Independent living in the community
Juvenile justice involvements, delinquent/violent behavior		To communicate/interact with support systems to reduce risk factors	• Passing on their gains to other family members, children, and community
Low employment and independent living potential	Career Education and Job Placement • Group/Career Planning • Pre-Work Preparation and Life Skills Education • Job Placement and Support	Problems-solving and life management skills	• Perpetuating cultural traditions • Developing peaceful communities
Lack of cultural pride/ awareness		The effects of drugs, and how to avoid abuse	• Obtaining GED
		Healthful lifestyles	• Self-advocacy and self-determination

Data Collection Procedures

Data were collected at admission, disposition, and follow-up. Sources of data were the intake interview, conducted by the student's social worker, during which demographic and behavioral data were collected, the TABE pre-test, administered prior to entry, in-program administration of the Substance Use Scale, the TABE post-test, typically given shortly before disposition, and the follow-up interviews, conducted over the telephone by the research analyst six and twelve months after disposition.

Participant Sample

A random sample of 25 students was drawn from a overall pool of 229 students who were enrolled in the program between September 1989 and May 1992. Chi-square and T-test results revealed no significant differences

between this sample of 25 and the rest of the students in the database on any of the key independent variables, indicating that this is indeed a representative sample.

Student Demographics

City Lights' student body is composed entirely of District of Columbia residents. Table 1 displays the main demographic variables used to define the school's population. Student characteristics are derived from two earlier studies (L'Homme, 1987; L'Homme & LaCount, 1991) and data from the two-year extension (Note that data from 1987 have been provided as available).

All students admitted to City Lights have been certified as seriously emotionally disturbed as defined by Public Law 101.476. Many have received additional psychiatric diagnoses, derived from the Diagnostic and Statistical Manual III-R (DSM-3R). In 1992, 30% of the student population had been diagnosed as character or conduct disordered, and 58% had a history of depression.

Crime, particularly violent crime, among adolescents in D.C. has been on the rise for many years. City Lights has witnessed this trend firsthand. In 1989, 60 percent of the school's incoming students were offenders. By 1992, this figure had risen to 68 percent. Furthermore, although the trend has not been documented, experienced program staff members feel that felony charges are much more common among recent incoming students than in past years. This trend exemplifies the marked changes in the student population—away from minor crimes, and delinquency, and towards more serious offenses, drug trafficking, and substance abuse.

Results

The main focus of City Lights' research is on how the school's program affects students lives, and how they fare after leaving the program. To this end, researchers compiled data on a wide variety of variables—from public assistance received to substance use. Table 2 summarizes the most recent longitudinal data, derived from the four data collection points, for the main dependent variables.

Table 1
Participants at Admission

Participant Characteristics	1987	1989	1992
Average age on admission		17.9	16.7
Average months in program		9.9	9.0
Males	82%	65%	74%
Females	18%	35%	26%
African-Americans	100%	98%	99%
Wards of D.C.	36%	23%	25%
Victims of Abuse		39%	41%
Student parents		24%	16%

Table 2
Dependent Variables

Variables	Admission	Disposition	Follow-up 1	Follow-up 2
Employment	44%	28%	48%	60%
Vocational Training	9%	6%	7%	19%
Offenders (Recidivism)	68%	18%	4%	4%
Substance Abuse	88%	80%	60%	60%
Independent Living	0%	4%	4%	28%
School/Work/Training	N/A	32%	76%	76%
Less Restrictive Environment	40%	80%	92%	88%

Table 3
Types of Substance Abuse

Substances Used	Admission	Disposition	Follow-up 1	Follow-up 2
Cigarettes	20%	20%	16%	12%
Marijuana	26%	30%	7%	6%
Cocaine	3%	1%	0%	0%
Crack	1%	0%	0%	0%
PCP	0%	0%	0%	0%
Meth-Amphetamine	0%	0%	0%	0%
Heroin	0%	0%	0%	0%
Beer	58%	66%	37%	44%
Wine	49%	57%	20%	6%
Liquor	21%	23%	3%	13%
Other	0%	0%	0%	0%

Table 3 displays incidence of student substance use by substance type.

Academic Performance

The changes in student TABE test scores reflect the mean difference between pre- and post-test results among members of the participant sample. The TABE is administered and scored by the school's educational diagnostician. Test scores are given in grade-equivalent form (e.g., a score of 5.6 reflects achievement to the fifth grade, sixth month). Results showed that for this sample, reading increased by 0.63 grade levels per 100 hours of instruction, language increased by 0.51 grade levels per 100 hours of instruction and mathematics increased by 0.73 grade levels per 100 hours of instruction (see Table 4).

Discussion

Analysis of these results suggests several conclusions about the program. First, and perhaps most importantly, members of the participant sample showed very encouraging progress in staying out of correctional facilities after leaving the program. Only one member of the 25-member sample was in a correctional facility twelve months after disposition. There is reason to believe that sampling bias may have influenced this result, since students contacted are less likely to be in legal trouble, and the participant sample is admittedly small. But the four percent rate of recidivism is striking in contrast to the 68 percent of the population with a history of criminal offense at admission. Whether City Lights's treatment is solely or primarily responsible for the positive change is debatable, but worth further study.

Another promising and striking result was the rate of students involved in school, work, or training at the twelve-month follow-up. Seventy-six percent of the sample was engaged in one of

Table 4
Academic Gains

Subject Area	Pre-Test	Post-Test	Average Gains	Gains per 100 hours of instruction
Reading	5.62	6.18	.56	.63
Language	4.95	5.41	.46	.51
Math	5.81	6.46	.65	.73

these activities, with a full 60 percent being employed. This is an encouraging employment rate, especially given the sluggish economy and extremely high levels of unemployment in the African American community. In 1991, The DC Department of Employment Services reported that 21.7% of African Americans age 16-19 were unemployed; among people age 20-24, this rate is 22%. Taken together with the low rate of recidivism, these data suggest that students are at least succeeding in meeting their basic needs in the increasingly violent and economically depressed neighborhoods in which they live.

The independent living statistic is substantially lower, but is perhaps somewhat misleading. Although only 28 percent of the sample was living independently twelve months after leaving the program, 65 percent of the sample was living at home (thus under supervision) at that time. Although the program was designed to enable the youths to maintain their own households, the effect of the current recessionary economy cannot be underestimated. Many students who could have afforded apartments in years past, were unable to do so during the data collection period. Recently, increasing numbers of middle- and upper-class young adults have taken to living at home into their twenties in order to save money, seek suitable employment, and plan for the future. It is reasonable to suppose that at least some of the school's less privileged students may have decided to live at home for many of the same reasons.

Despite the low rate of independent living, the rate of students living in less restrictive environments (LRE) was extremely high. The LRE statistic represents students living in situations other than correctional facilities or psychiatric institutions, and indicates the opportunity to achieve employment, further education, and independent living. The 88 percent figure at the second follow- up was a substantial increase over the 40 percent at entry, and suggests that the program is succeeding in integrating students into the community.

Conclusion

The results of the current study taken with the findings of previous research (L'Homme, et al., 1987; L'Homme & LaCount 1991) have highlighted the complex nature of City Lights' mission. The causes of students' conditions, and required treatment, are not easily determined. Consequently, the school's multi-faceted psychoeducation program addresses multiple risk factors, and attempts to build a variety of resiliency factors in its students. Because one youth service organization cannot successfully respond alone to the problems faced by inner-city adolescents, the school relies on interagency cooperation, and continually works to develop such collaborative relationships. Given the harsh environments in which City Lights students live, one day's success can be followed by another day's crisis. Their progress is fragile; thus, students require gradual and persistent treatment.

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Attitudes of Regular Teachers and Administrators Toward Mainstreaming (Inclusion)

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This study investigated attitudes of elementary school personnel toward the placement of children with disabilities in regular classes, using a modified form of the Attitude Toward Mainstreaming Scale (ATMS). Subjects included 64 principals and 282 regular classroom teachers who were randomly selected by schools. Attitudinal factors were comparatively analyzed between and within groups. No significant differences between the two groups were apparent. However, within groups, a significant difference was found with respect to coursework in Special Education. Results support the use of attitudinal assessment components and inservice education as necessary parts of a planned mainstreaming endeavor.

Introduction

Despite the fact that the Education for All Handicapped Children Act has been in effect for nearly two decades, one of its major provisions has yet to be fully accepted by many educators. This provision which is embodied in the "least restrictive environment" clause of Public Law 94-142 involves the inclusion of students with disabilities in regular classrooms along with their non-disabled peers, and this process has been termed as "mainstreaming."

Whether we label the process as mainstreaming, inclusion, or integration, the concept has become an integral part of the American educational system and cannot be side-stepped by teachers or administrators. Public Law 94-142 has become a national tool through which state and district level policy may materialize (Quinsenberry, 1981). Therefore, the most difficult tasks facing administrators and teachers are those which concern the mandates of the law and their impact on the kind of educational programs the school district will offer to the students (Hepner & Crull, 1984).

Because principals and teachers are responsible for mainstreaming in the schools, it is imperative that the policy makers recognize their feelings and attitudes toward this process and the effect these attitudes have on the success of the mainstreaming efforts.

The purpose of the present study was to examine the attitudes of elementary principals and regular classroom teachers toward mainstreaming students with disabilities in South Carolina. The following hypotheses were tested: (1) that there would be no significant difference between the attitudes of principals and regular classroom teachers and (2) there would be no significant difference in attitudes between the two groups when demographic variables are controlled.

Methods

Sample

The original sample for the study consisted of 500 teachers and 100 principals from 100 elementary schools that were randomly selected from rural and urban school districts throughout South Carolina. Each principal and one teacher in each grade level (1-5) were asked to complete a nineteen item survey and mail it directly to the researcher by means of a self-addressed envelope. Sixty-four elementary principals and 282 regular classroom teachers from 64 elementary schools comprised the sample of this study.

Instrumentation

The research instrument used in this study was modified from the *Attitude Toward Mainstreaming Scale* (ATMS) developed by Berryman, Neal and Robinson (1980). The modified scale contained nineteen six-point likert-type items derived from a pool of attitudinal statements concerning the efficacy of mainstreaming handicapped students in general and those with specific disability types.

Reliability coefficients for three distinct categories of factors (Learning Capability, General Mainstreaming, and Traditional Limiting Disabilities) ranged from .74 to .84 with a total scale alpha of .89.

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. In addition to descriptive statistics, the one-way and two-way Analysis of Variance Procedures were used to test the hypotheses. The Sheffe procedure was utilized for further post hoc tests. The level of significance was established at the .05 level of probability.

Results and Discussion

The one-way ANOVA was employed to evaluate the relationship between the two groups (principals and teachers) on three distinct categories of measures on mainstreaming: Learning Capability (LC)-inclusion of capable learners, Traditional Limiting Disabilities (TLD)-inclusion of those traditionally out of the mainstream, and General Mainstreaming (GEN)-acceptance of the concept itself. These three subscales constituted the total scale. The resulting group means, *F* and *p* values are presented in Table 1. For two subscales and the total scale, differences between the groups were not statistically significant at the .05 level. These findings clearly suggest that principals and regular teachers agree on the inclusion of capable learners, and perhaps feel that intellectual limitations are more serious than other limitations. This finding is consistent with

Table 1
Results of ANOVA on the Total Attitudes Toward Mainstreaming Scale

Subscales	Principal (N = 64) Mean	Teacher (N = 282) Mean	F	p
LC Subscale	4.410	4.317	.624	.430
TLD Subscale	3.255	3.169	.324	.570
GEN Subscale	3.815	3.570	5.269	.022
Total Scale	3.977	3.021	2.419	.121

Note. LC = Learning Capability; GEN = General; TLD = Traditional Limiting Disabilities.

the research results of Koster (1987) in which students with average ability and physical disabilities were accorded higher expectations than other labeled students. Neither principals nor teachers supported the inclusion of students with cerebral palsy who cannot control movement of limbs. Perhaps both groups are aware of the level of distractions this involves and share concerns and possible fears about classroom factors that can inhibit learning. This notion is supported by findings of Shotel, Iano, and McGettigan (1972); Martin (1976); and Jones, Gottlieb, Guskin, and Yoshida (1978) in which the hesitation of teachers to accept handicapped students in their classrooms was explored.

The fact that the groups were significantly different on the GEN subscale indicates that the groups do not agree on the concept of mainstreaming as presently implemented. Some support was found in research by Hartnett (1979) and Gottlieb (1981) in which differences were found in teachers' and principals' perceptions and concerns relating to mainstreaming. Any inference from these findings, however, should be tempered with the realization that (1) for years an acceptable practice for regular education teachers has generally been to gear instruction to the typical learner without making many modifications for atypical learners and (2) the current trend toward mainstreaming has brought an array of methods and strategies which have contributed to a variety of forms of inclusive practices throughout local school districts; therefore, perceptions of school personnel may be necessarily based on different local practices.

Similarly, the two-way ANOVA was employed to determine the effects of demographic variables on the attitudes of the groups on each subscale and on the total scale. Four variables (Level of Education, Race, Teaching Experience, and Coursework in Special Education) were determined to be statistically significant at the .05 level. Table 2 presents the results of the two-way ANOVA. The mean scores for various groups based on demographic variables are reported in Tables 3-6.

The level of education for the principals and teachers had a significant effect on the LC and TLD subscales. Those with Masters degrees or Masters degrees plus thirty hours experience had overall higher means. Post hoc comparisons using the Scheffe Test showed those with Masters + 30 hours accounted for the difference among groups. These findings suggest that these degree holders were more positive about mainstreaming than other groups, a finding contrary to that of Kelpsh (1984) in which those with doctorate degrees were more positive.

Cell means on race revealed that Caucasion had higher mean scores than their counterparts on the LC subscale whereas African Americans had higher mean scores than whites on the GEN subscale. Post hoc comparisons indicated a definite difference between the two groups. The

Table 2
Results of ANOVA on Demographic Variables

Scale	Source	Mean Squares	*F*-Ratio	*df*	*p*
LC	Degree	118.196	2.561	4	0.038
	Race	436.971	9.863	2	0.000
	HRSP	366.684	8.469	4	0.000
GEN	Race	225.942	6.180	2	0.002
	Position	122.566	3.352	2	0.036
	HRSP	89.194	2.361	4	0.053
TLD	Degree	29.808	2.831	4	0.025
	Experience	32.843	3.120	4	0.015
	HRSP	33.374	3.179	4	0.014
Total	HRSP	1124.102	6.243	4	0.000

Note: HRSP = Hours in Special Education coursework.

Table 3
Mean Scores by Degree and Position

Subscale	Degree	Principal	Teacher	Total
LC Subscale	BA	-	34.14	34.14
	MA	35.08	35.05	35.05
	MA + 30	38.18	36.60	37.69
	EDS-DOC	34.52	32.00	34.41
	Total	35.20	34.47	34.60
TLD Subscale	BA	-	9.76	9.76
	MA	9.04	9.14	9.12
	MA + 30	11.36	12.80	11.81
	EDS-DOC	9.29	12.00	9.41
	Total	9.61	9.48	9.50

Scheffé Test: Group II vs. Group III (MA + 30)

Table 4
Mean Scores by Race and Position

Subscale	Race	Principal	Teacher	Total
LC Subscale	African American*	31.82	32.47	32.30
	Caucasian*	37.20	35.11	35.47
	Total	35.20	34.43	34.51
GEN Subscale	African American*	29.45	31.08	30.65
	Caucasian*	30.83	27.81	28.29
	Total	30.30	28.45	28.80

*Scheffé Test: African American vs. Caucasian

Table 5
Mean Scores by Experience and Position

Subscale	Experience	Principal	Teacher	Total
TLD Subscale	< 9 years	8.33	10.21	10.16
	10-14 years	9.92	9.29	9.38
	15-19 years	9.47	8.67	8.83
	20 + years	9.61	9.48	9.50

reason for the distinct difference between these groups is not immediately apparent. However, results strongly suggest that African Americans and Caucasians differ on some strategic aspects of mainstreaming which may be due in part to historical events surrounding the improper placement and subsequent mistreatment of minorities pinpointed by the Brown decision (Quinsenberry, 1981; Raske, 1977)

The significant effect of experience was shown on the TLD subscale where principals and teachers with 20 or more years of experience had lower mean scores than those with less than nine years. This suggests that experience is negatively related to attitudes toward mainstreaming. This is somewhat supported by findings of Chueca Y Mora (1986) in which a strong relationship was found between experience and attitude toward mainstreaming. The number of hours taken in Special Education course work had the most pervasive effect across scales. Principals and teachers with sixteen or more hours of coursework had higher mean scores than those in all other groups. This finding suggests that coursework in special education is positively related to attitudes toward this inclusive practice in education.

In conclusion, it is apparent that principals and regular teachers support the inclusion of learners with disabilities in varying degrees. Results of this study showed that the degree to which these educators supported the practice of mainstreaming was influenced in part by demographic variables, views of the inclusion concept itself, and by other factors such as the intellectual capability of the student with disabilities to learn, and the potential of the student to cause classroom disruptions.

It is important that state and local policy makers understand educators' feelings and attitudes toward the inclusion of students with disabilities in the mainstream and the level of their willingness to implement the idea of mainstreaming in South Carolina. This study has contributed toward the achievement of that goal. Results imply that a comprehensive local level inservice component to assess the general attitudes and feelings of educators

Table 6
Mean Scores by HRSP and Position

Subscale	HRSP	Principal	Teacher	Total
LC Subscale	Less than 6 hrs.	35.52	34.11	34.33
	6-9 hrs.	36.63	34.41	34.95
	10-15 hrs.	35.25	33.73	33.96
	16 + hrs.*	40.00	38.83	39.00
	Total	35.20	34.47	34.60
GEN Subscale	Less than 6 hrs.	30.86	28.02	28.47
	6-9 hrs.	29.00	29.29	29.22
	10-15 hrs.	27.25	29.18	28.88
	16 + hrs.	33.57	30.50	30.94
	Total	30.30	28.49	28.83
TLD Subscale	Less than 6 hrs.	9.90	9.50	9.56
	6-9 hrs.	9.00	9.18	9.14
	10-15 hrs.	10.25	8.41	8.69
	16 + hrs.	12.00	10.69	10.88
	Total	9.61	9.48	9.50
TOTAL SCALE	Less than 6 hrs.*	76.29	71.63	72.36
	6-9 hrs.	74.63	72.88	73.31
	10-15 hrs.	72.75	71.32	71.54
	16 + hrs.*	85.57	80.02	80.82
	Total	75.11	72.44	72.93

*Scheffé Test: Group I (-6) vs. Group IV (16+)
Note: HRSP = Hours in Special Education Coursework

periodically toward mainstreaming is essential. This will help the local and state administrators in education to evaluate the effects of various mainstreaming strategies in South Carolina.

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Perceptions and Experiences of Special Educators Regarding the Inclusion of Students with Emotional Behavioral Disturbances

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There has been considerable debate regarding the fu inclusion of students with emotional behavioral disturbanc (EBD). Thus far the research has been inconclusive as to th benefits of integrating all students in regular education classes The present study examines the impact of inclusion on specic educators working with nine children with EBD, who wer placed in grades 2 through 7. Seven special educators wer interviewed and their responses lend preliminary support to th inclusion of students with EBD in regular classrooms. Furthe research is needed with special education teachers who work i schools that include all children within the regular educatio classroom.

Introduction

As part of the requirements for Public Law 101-476 all children are entitled to public education in the "least restrictive environment." Furthermore, these students should also be able to receive necessary specialized services within the regular education setting (Gartner & Lipsky, 1987; Stainback & Stainback, 1987).

Despite P.L. 101-476, Gartner and Lipsky (1987) have indicated that nationally only 12% of those children with emotional behavioral disturbances (EBD) are in general education classes. This ranges from 0% in four states to 74% in Alabama. Based on the data, it appears that the notion of including students with disabilities in regular classrooms, particularly those students classified as EBD, is a controversial one.

The proponents of inclusion have argued that a dual system (regular and special programs) of education is not necessary to meet the instructional needs of students (Stainback & Stainback, 1984). Moreover, studies have not shown significant benefits for children who are in segregated special education programs. In fact, the research has indicated that students with developmental disabilities who were included in regular classes tended to have better academic performance, self-esteem, behavior, and emotional adjustment than those who were in segregated settings (Gartner & Lipsky, 1987). In addition, inclusion into regular classes appeared to be highly successful, both academically and socially, for the majority of

students with developmental disabilities if adaptive, individualized programs are in place (Stainback & Stainback, 1984).

Advocates for a unified system of education also report other potential benefits of including "special education" students in regular classes. First of all, the need to classify students as either "special" or "regular," which generally stereotypes these children, will diminish. Collaborative efforts between regular and special educators will be facilitated, eliminating the unnecessary competition and duplication among general and special educators, and promoting the cooperation and teaming of resources to meet their instructional goals (Stainback & Stainback, 1984).

Another benefit of inclusion, with an individualized program for each student, is that all students, as opposed to only those who are labeled "special," will be eligible for instructional and related services (e.g., occupational therapy, social skills training, counseling, etc.) as well as to access support personnel, learning materials and other resources. Moreover, by including all students in a unified, heterogeneous system, there will no longer be a need to approach individual differences or characteristics as a means to classify or categorize, but instead to appreciate them as part of the individual (Stainback & Stainback, 1984).

Those who oppose inclusion state that including students who "vary in instructionally significant ways" (Kauffman, Gerber, & Semmel, 1988, p. 10) will confront educators with a difficult decision. Due to economic necessity, they will be forced to choose between maximizing the mean performance of their class by concentrating the resources on improving the performance of the more able students, or creating a smaller variance in performance for the class of students, which would involve concentrating the resources on the least able learners. According to those who propose maintaining a segregated system, in order to meet the instructional needs of those who are mildly handicapped and low performing, the resources and supports for their education must be protected. Although this can be accomplished within the regular classroom setting, these services must be identified as "special," "remedial," or "supplemental," to keep them separate (Kauffman, et al., 1988).

Kauffman, Gerber, and Semmel (1988) also state that including students with disabilities and doing away with labeling them may be just as or even more detrimental to them. Studies have indicated that students with poor academic performance who are not labeled as handicapped may be rejected more often than those who are classified as disabled. Furthermore, research findings regarding social outcomes of inclusion show that children with mild handicaps who are placed in the regular classroom setting do not experience an improvement in their self-concept (Kauffman, et al., 1988; Braaten, Kauffman, Braaten, Polsgrove, & Nelson, 1988).

Clearly, the inclusion of all students in the regular classroom setting is a much debated topic. As a result of the Vermont Act 230 of 1990, the state of Vermont is now responsible for educating all students in regular classes within their local schools. According to Giangreco, Dennis, Cloninger, Eddman, & Schattman (1992), most school districts in Vermont are providing integrated educational programs to students with developmental disabilities. The present study sheds some light on the perceptions and experiences of special educators regarding the impact of inclusion for students with emotional behavioral disturbances (EBD).

Methods

Subjects

The participants in this study were seven special educators who served as case managers for students with emotional behavioral disturbance. These students met the federal educational definition of severe disabilities and emotional behavioral disorders (Individuals with Disabilities Education Act of 1990, P. L. 100-476) or Vermont's Act 264 (Vermont Act 264, 1988) definition of severe emotional disturbance.

The students were enrolled in 2nd through 7th grade and attended general education classes within their local elementary and middle schools. The schools were also participants in the Best Practices for Educating Students with Serious Emotional Disturbance in their Local Public Schools and Communities Project, a federally funded statewide service providing technical assistance and training to develop programs for educating Vermont children with emotional behavioral disturbance in the regular classroom environment.

All of the special educators in this study were female. Their years of special education experience ranged from 2-16 years; the range of experience working specifically with children with EBD covered a span of 2-12 years. In addition, they had taught within an integrated setting for a period between 1-12 years. With the exception of two educators, the highest level of education obtained by these teachers was at the Masters Level, with three of them having their degrees in special education. These three educators also had special degrees/ certification in resource room teaching and serving as a consulting teacher. Two of the teachers had completed additional coursework that included: family counseling, testing and sign language, working with children with EBD, and cooperative learning.

Data Collection Procedures

Data were collected by one of five researchers. Each special educator was interviewed on two occasions (between November 1991 and June 1992) for approximately 30-60 minutes. A semi-structured interview format was used to give the special educators the opportunity to share their perceptions and also to enable the interviewer to explore responses with follow-up questions. All interviews were tape recorded with the permission of the informant.

Each interview began with an explanation of the purpose of the research. The educators were informed that their responses would be confidential and that participation in this study was strictly voluntary. Information regarding teaching experience, training, and background were collected at the beginning of each interview. At the end of each interview, the teachers had the opportunity to ask any questions or provide comments.

Data Analysis

Thirty-five codes were developed by the research team to describe the interview data. The transcripts were then categorized according to these codes. Inter-rater reliability exceeded 80%. After the initial coding of the transcripts, the researchers re-coded the interviews by adding or dividing the previously coded data. The final codes then enabled the research team to identify and categorize emerging themes.

Ethnograph (Seidel, Kjolseth, & Seymour, 1988), a text sorting computer program was used to assist in sorting the interview data by code. Reports were then generated based on the 35 codes which grouped the data into related categories. This enabled the research team to identify themes and sub-themes that were considered for analysis. The themes were then classified as positive, neutral, or negative responses.

Member Checks

Once the interview data was analyzed, the preliminary findings were sent to the seven special educators. The special educators were asked to read the results and to indicate: a) whether the data protected their anonymity, b) whether their opinions and quotes were presented accurately, and c) whether the themes represented their responses. This was based on the member check protocol developed by Giangreco et al. (1992). Teachers were also given the opportunity to write in any comments to assist the researchers in better understanding their perceptions. A stamped, self-addressed envelope was provided to the educators to send their responses back to the research team. Participants who did not respond within two weeks were contacted by phone to answer the member check questions verbally.

Results

With the exception of one participant, the special educators in this study felt that inclusion had made a positive impact on their professional and personal lives. One of the primary benefits was that the educators felt they were able to work as a team around these students. A special educator who served a third grader felt that working collaboratively made her job "easier," allowing her to draw on "others' expertise" in dealing with these children. A special educator in 2nd and 3rd grade stated that "inclusion has affected me because you spend a lot more time consulting with teachers, instead of working directly with children." Other special educators also addressed the issue of inclusion facilitating collaborative teaming with regular educators.

> *There's positives working cooperatively. How has it affected me? Learning how to take in. . . being an advocate for kids through special education, but at the same time looking at a broader picture. Including general educators or special teachers. I have always believed kids should be included.* (special educator in 2nd/3rd grade)

These special educators also indicated that inclusion had made them aware of the individual needs and differences of the students. As one special educator for a 5th grader stated, "you just have to be aware of children's abilities and disabilities and what they can do and what they need." Another special educator for the 5th grade added, "It's really hard to break apart and realize you're dealing with a child who has special needs and all you're seeing at some point is the behavior problems. You have to look beyond that." Still another special educator in grade 5 talked about acknowledging individual differences and how this had affected her teaching style.

> *Well, I think when you work with all types of students, because ultimately you do anyway. You have a high-low range. I think it helps to keep you [a] little bit on your toes, open up to new learning styles, different teaching styles which I think is something that you can fall easily into 'I do it this way' mold, so I think they kind of keep us on our toes. I think it's just really, really being aware of different learning styles and what people have to offer. And being able to look at, maybe not the surface, but being able to look a little deeper sometimes to find out that that's special.*

Inclusion also facilitated an increase in professional expertise and perhaps even some personal growth within these educators. As a second grade special educator commented:

> *Well, I think it's been pretty positive because for me, as a special educator, I get to go into the classrooms. It gives me a chance. I'm not as isolated. The kids aren't isolated. So I think it allows for more inclusion not only for the students but for special educators. I think it's good because I get to see all kids at all levels not only kids with special needs, but I get to see them in places with kids who are identified or not special needs kids.*

Another 2nd grade teacher also commented on this area.

> *Specifically as a special educator, inclusion helps me to get into the regular classroom and not be in the resource room and not to have special education be a separate part from the regular education.*

A 3rd grade special educator also talked about how inclusion has affected her both personally and professionally.

> *I think it's really strengthened me in a lot of ways. I think that my philosophy as well as the school's is that all children be served in the regular setting, and I think that it has really enhanced my teaching personally in working really closely with the children and the team*

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on strategies and how to keep that child within the regular setting.

Only one special educator addressed the negative effects that she experienced as a result of the full inclusion of students with more challenging emotional needs.

> *I think it's hard because it's hard scheduling-wise. I think it's really hard on teachers when you include special needs kids so much in the mainstream as we do here. From my perspective, it's hard to know what teachers need as far as support goes. To find the time to communicate, to have them communicate to me or for me to get in there and give them what they need. And I guess I know that there's a lot of behind the scenes work that gets done. I don't think everybody always knows about it either. So communicating that – what's actually happening, like things might seem like they are standing still when it's really not. And how long all of it actually takes. It's a long process.* (special educator in 2nd grade)

Discussion

Based on these results, the majority of special educators reported positive effects of inclusion. Among the themes which emerged were increased opportunities to work cooperatively with general educators, professional expertise in working with students with various educational needs, and the ability to appreciate individual differences within these children. The only negative effect expressed by one special educator was the lack of time to consult and communicate with other teachers in order to effectively serve these children within the integrated setting.

The positive effects of inclusion reported by the special education teachers in this study appear to be consistent with what has been found in the literature with respect to the benefits of a unified educational system such as working collaboratively with regular educators and appreciating the individual differences within students. Furthermore, the negative effect mentioned did not pertain directly to the child with EBD per se, but rather to the inclusion process.

Interestingly, the responses from these special educators would seem counterintuitive to what might be expected, given that having "special education" children within the regular classroom setting would suggest that special educators might relinquish some of their roles to the general educators. Perhaps the positive responses are related to these instructors' having been in an integrated setting for a period of time. Nevertheless, the results seem to support the closing gap between general and special educators, and consolidating the educational system.

Overall, it would seem as though inclusion of children with EBD is beneficial for special education teachers. However, it should be noted that these are preliminary findings. Further research is needed using a larger sample of special educators to determine if these perceptions are consistent. Other areas that should also be examined include the characteristics (e.g., structure, composition of personnel/faculty, supportive services) of the particular schools, as well as the impact and/or level of family and interagency collaboration that are available for the special educators.

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Perceptions of Students Experiencing Emotional Behavioral Disorders and Their Peers Regarding Inclusive Classrooms

This study provides preliminary descriptive data regarding the inclusion of students experiencing emotional behavioral disorders (EBD) in regular classrooms. The results are based on interviews with nine students (second through eighth grade) experiencing EBD and twenty-eight of their peers. This is one part of a larger study that investigated perceptions of parents, teachers and students regarding inclusive education. A qualitative analysis of the data revealed two counterintuitive findings. The first was that students did not contrast and compare heterogeneous versus homogeneous classroom experiences because they had always been educated in inclusive classrooms. The second finding was that descriptions of students experiencing emotional difficulties did not typically include their classmates who were labeled EBD. In addition, three themes emerged from the data regarding the ways in which the participants solve problems, cope with challenging situations, and express a desire to help others. A rationale is provided for how these themes may be influenced by participation in inclusive classrooms and for the inclusion of students experiencing EBD in regular education settings

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Introduction

Over the past decade, the literature regarding the inclusion of all students in regular classrooms has predominantly focused on full inclusion of students experiencing mild to severe physical and cognitive disabilities (Giangreco & Putnam, 1991; Stainback & Stainback, 1984). As the successful campaign for the inclusion of students with severe disabilities moves forward, students labeled with serious emotional disturbance or emotional behavioral disorders (EBD) continue to face barriers to full integration. Despite reports of the positive impact of inclusion on teachers and students with and without physical and cognitive disabilities (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1992; Gartner & Lipsky, 1987), breaking down the barriers between segregated and regular classrooms has been questioned for students with EBD (Braaten, Kauffman, Braaten, Polsgrove, & Nelson, 1988). While there are relatively few studies evaluating the impact of including students with EBD, there is some research demonstrating successful outcomes for students with EBD receiving their education in typical classrooms (Fox, Hamilton, & Broer, 1991).

One of the common fears confronting advocates of full inclusion is the impact of inclusion of students with EBD on the other students in the classroom. In order to address this question researchers need to evaluate outcomes for non-disabled

peers as well as for students with EBD. In this regard, when students with and without disabilities are provided opportunities to participate in cross-age tutoring (Schrader & Valus, 1990; Top & Osguthorpe, 1987), buddy systems (Goodman, Powell, & Burke, 1989), cooperative learning groups with students of differing abilities (Slavin, Leavey, & Madden, 1984), and peer mediation (Johnson, Johnson, Dudley, & Burnett, 1992), the outcomes have been positive for all those involved. With respect to cooperative learning the reported benefits include increased achievement, self-confidence and friendships (Slavin, Leavey, & Madden, 1984). The outcome data for peer tutoring has demonstrated enhanced self-esteem and awareness of the needs of others and reinforcement of pre-learned skills (Osguthorpe, Eiserman, Shisler, & Top, 1984, 1985a, 1985b). However, it is important to note that the research above referred to the interaction of students with physical and cognitive disabilities and their non-disabled peers. None of these studies have evaluated the effects of these strategies when used as teachings tools for including students with EBD.

The purpose of this study is to gain an understanding of the ways in which inclusive education effects students with EBD and their peers. Peers, better than anyone else, can describe how going to school with classmates with EBD impacts on their school experience. Regular educators report that listening to the suggestions of their typical students enabled them to identify and implement effective strategies for including students with visual and hearing impairments (Giangreco et al., 1992). In addition, listening to the perceptions of students may enable educators to adapt strategies such as peer tutoring, cooperative learning, peer mediation, and buddy systems to facilitate the inclusion of students experiencing EBD.

Methods

Participant Selection

Participants in this study were 9 students with EBD (7 males and 2 females) and 28 of their classmates (16 females and 12 males). The criteria for EBD was the Federal definition of severe disabilities and serious emotional disturbance (Individuals with Disabilities Education Act of 1990, P.L. 101-476), or Vermont's Act 264 definition of severe emotional disturbance (Vermont Act 264 of 1988). On the Child Behavior Checklist (Achenbach, 1988), a global measure of child behavior problems, the target students were rated by parents and teachers as demonstrating behavioral difficulties above the 98th percentile, as compared to age-matched peers. All of the students attended general education classes at their local elementary and middle schools grades two through eight. These schools were participating in a federally funded project receiving technical assistance to develop model programs for educating children and youth with EBD within regular education settings (Fox, 1991).

Initial contact with the parents of the target students was made by school personnel. Parents and students were provided with a description of the study, copies of all evaluation protocols, and given an opportunity to meet with the project director of the grant prior to giving consent to participation in the project.

Data Collection Procedures

Data were collected by one of five researchers. Each student was interviewed in person on two occasions for approximately 20 to 30 minutes. The interview protocols used a semi-structured format to allow the researcher to accommodate respondents with a wide range of cognitive and verbal abilities. At times the interviews were highly focused to facilitate understanding for younger participants. However, it is important to note that all of the interviewers used a flexible format which enabled the researchers to explore, probe and ask follow-up questions as needed.

The interviews were tape recorded with the permission of the informants and their legal guardian and then were transcribed.

Data Analysis Procedures

Analysis of the transcripts was done by two researchers. A sample list of 20 codes was generated after an initial round of both researchers reading the same interviews. Next, the researchers continued to independently code portions of the data from the same interviews. After 9 rounds of coding and subsequent feedback discussions, 35 codes were agreed upon. Each of the interviews was then recorded by one researcher.

Ethnograph (Seidel, Kjolseth, & Seymour, 1985, 1988), a computer sorting program, was used to sort the text by code. This program allowed the researchers to read what all the respondents said in regard to each code. Reading the data by code enabled the researchers to identify additional themes which included similar and opposing points of view. For example, further analysis of the data coded "how students cope with challenging situations" enabled 5 sub-themes to emerge. These sub-themes were described in memos highlighting contrasting points of view.

Results

Separate data analyses of the perceptions voiced by students with EBD and students without EBD revealed that comments from the two groups were typically indistinguishable from each other. That is, the thoughts and feelings stated by students with EBD were similar to those voiced by their non-disabled peers. In addition, it is important to note that when peers were asked to identify classmates with emotional difficulties, they did not typically mention the students labeled as having a serious emotional disturbance by educators (or students identified as target students participating in this study). For these reasons we have opted to analyze the data generated by the target students simultaneously with peer data.

Three themes emerged from the data: 1) how students solve problems, 2) how students cope with challenging situations, and 3) students' desires to help others. The following is a description of each of the three themes, including sub-themes associated with each theme and supporting quotations. Each student quoted will be identified by grade level and referred to as a target student (students with EBD) or peer (student without EBD).

How Students Solve Problems

> *Well, I've got one friend that's my best friend in my class. His name is Adam (target student) and he's always nice to me. If some kids are, you know, threaten to beat me up, he stays with me and helps me, you know, runs around and stuff to get away from them. He helps me to watch out for them.* (Anthony, third grade peer)

Students described seven different ways in which they try to resolve problematic situations: (a) discuss the problem with those involved, (b) fight back, (c) ask an adult for help, (d) leave the immediate situation, (e) ignore the people involved, (f) ask a friend to go get an adult, and (g) wait for a friend to tell them what to do. Frequently, initial reactions from students are to rely on adults and peers to intervene when they are faced with a dilemma. Students mentioned looking toward their friends, their mothers, a favorite teacher and occasionally a grandparent to provide comfort and solutions.

Often students choose strategies based on their immediate assessment of the level of seriousness of the problem and their desire and ability to resolve the dilemma on their own. A fifth grade target student described it in this way, "Well, when they're being high-strung you ignore them usually. But then sometimes you'll just kinda look at them and see what they're doing and you know they shouldn't do that, so you let the teacher handle it." In contrast to ignoring the problem and/or telling an adult,

Sally, a third grade peer, tries to resolve situations on her own.

> *First I try to talk it out, but if it makes me really mad and they keep doing it and doing it and doing it, especially punching me and kicking me, I don't usually use this but, I have to give it back to them sometimes.*

Interestingly, students may rely on their friends to help them recognize when they need support and to aid in seeking assistance from an adult. Paul, an eighth grade target student, said, "Either I deck them or someone in my circle will say 'chill out' or something." Although the option of hitting as a way to solve problems was mentioned by Paul and many other students (including peers), sometimes they rely on a cue from a friend to keep it together. Jonathan, a 5th grade target student, said, "Kids tell me how I could stay out of trouble." One of Jonathan's peers stated "I guess if they're your friends you try to tell them, 'Well, you really shouldn't act that way.' " In some cases students know what to do but are reluctant to act. Alex, an eighth grade target student, stated that, "Sometimes I'll go to a friend and say, 'Could you do me a favor and go tell that kid to please knock it off, stop annoying me?' " As students gain experience and confidence at problem solving on their own they recognize that the responsibility for supporting their fellow classmates is shared by everyone in the classroom. Erica, a third grade peer, described her perception of community among her classmates, whom she feels should share the responsibility for taking care of one another.

> *Sometimes I say to the teacher maybe sometimes we could go over and help them. Sometimes if they're having a bad day and stuff we could help them out instead, so the teacher doesn't have to do all that stuff. We should try and help them because she can't do everything.*

How Students Cope with Challenging Situations

> *I would say to somebody, if you were sad about something or the teacher yelled at you and you were unhappy, then somebody that was a good friend or one of your classmates can talk to you and just be your friend and be nice to you, and just kinda help you through that.* (Elizabeth, 5th grade peer)

Students with and without emotional difficulties shared a multiplicity of suggestions about what they do to feel better when faced with challenging situations. Five global themes emerged from their recommendations: (a) ways to relax or ignore the problem, (b) activities to discharge energy, (c) the need for support from peers, (d) the presence of an adult who represents safety, and (e) what students are telling themselves when coping with difficulties. Overall, typical students continue to respond in ways that are similar and at times identical to strategies recommended by students experiencing emotional difficulties.

When Jimmy, a fifth grade target student, is faced with a challenging interaction with his teacher he says, "I just ignore her. I ignore her lots (and) the things she says to me." One of Jimmy's classmates stated, "Well I close my eyes for a minute and lay my head down on my desk; it just makes me feel better." Susan, a high school, peer said, "Sometimes if I just read, that calms me down." While some students reported consistently relying on one type of coping strategy, other students opted for a variety of very different activities. Paul recommends, "listen to music, draw, skateboard, kick and stomp and just blow out your steam. Sometimes talk to people." Some other active suggestions included "running around a field by myself" and "riding my dirt bike or snowmobile". Jody, a second grade peer, offered the following example,

> *I have boxing gloves that I can use. And I can get punching with my bare hands. I do something to get my mind*

off stuff. I play basketball. I play football. I box with other people. I like to be active.

Several peers were able to recognize when it is safe to offer support and when it is better to wait. "Sometimes I try to help them. Sometimes if they're real mad and I think they might hurt me, I just stay away from them and ignore." However, ignoring people and situations can lead to isolation in the absence of other options. Brett, a second grade peer, appreciates Carol's positive characteristics but avoids her because it is his only way of dealing with her disruptive behavior. He stated, "Well one thing I think about Carol is she is gentle if you don't get her mad and nice and stuff. So I try to keep away from her so I don't get that trouble, you know."

In addition to identifying the variety of options proposed by some students, a pattern emerged regarding the order of those suggestions. For example, if talking to someone (either a friend, a teacher, the principal or their mother) was mentioned it was typically at the end of a student's list of suggestions. Conversely, students reported preferred activities that involved relaxing or becoming more active as a primary option.

Finally, some students openly encourage themselves when they are in the process of dealing with stressful situations. For example, Tammy, a second grade target student, was unable to specifically state what she does to cope with difficult times but she shared what she is thinking when trying to cope, "I try not to get mad at myself. I control my mind."

A Student's Desire to Help Others

An overarching theme of what students value is having the opportunity to help someone. Regardless of age, gender or ability, most students expressed an interest in helping out a classmate or teacher.

> Paul, an eighth grade target student, pondered, *I keep most of the people in my circle out of trouble. Then usually I get into trouble for them. If someone needs help doing homework or something, I'll help them with it. Teachers need stuff moved, I'll move it.*

In addition to wanting to help out, students are able to assess what they need to do to meet a classmate's needs. Samantha, a 5th grade peer said,

> *Well, if it is Susan, I'd buy her a stuffed cat because she loves cats. It really depends on what they like. If they had a problem in school, I'd help out. If they are stuck on a problem, in say Math, and they called me after school, I'd talk it through with them. If I understood it. (But) I wouldn't tell them the answer, because that would be cheating.*

One way students help each other is by showing their appreciation of a person's contribution to the class. As one fifth grade peer described,

> *Like I said, you could say, "that was a great shot, you're doing real good. "Some of the kids that were really bad when they first started, they're really good now. You could say, "You really improved a lot and stuff."*

In contrast, some older students felt that it was embarrassing to give and or receive compliments. Carrie, an eighth grade peer, suggested, "Well, if it's a joke , laugh with them or something like that. But I wouldn't just go up to someone, (and say), 'Thanks for making me feel good.' "There were a number of peers who focused their comments about helping others on descriptions of assisting students who experience some emotional difficulties. One eighth grade peer explained,

> *It's hard, because it slows us down. Because, he's like, "How do you do this, how do you do that?" And it's like you've got to get your work done and you get frustrated but we don't say, "You're so dumb or anything," we just like say, "Okay, what you do is you got this number right here and then you multiply it by this." So we say, "Push this button."...I don't give him the answer*

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Perceptions of Regular Educators Regarding the Inclusion of Students with Emotional Behavior Disorders

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The purpose of this study was to describe the experiences of general education teachers who have included a student with emotional behavioral disorders (EBD) in their regular education classes. The study reports preliminary data from interviews given at two points during the school year with ten general education teachers, second through eighth grade. A qualitative analysis of the data was conducted using categorical coding procedures to identify themes related to the teachers' experiences. One of the central themes that emerged was the personal and professional impact of inclusion on teachers. The results indicated that most of the regular educators identified some positive gains, personal or professional, from the experience of including a student with EBD in their regular education classes. Furthermore, their perceptions did not change between interviews and were not dependent on years of experience teaching, knowledge of special education, or having additional support and courses specific to including students with EBD in the regular classroom environment.

Introduction

The term "inclusion" has been interpreted in many ways. For the purpose of this study, inclusion is defined as "the process of systematically bringing together children with disabilities (regardless of the nature or severity of the disability) and typical children of the same age, in natural environments where children learn and play" (Erwin, 1993). Within the school environment, this includes: placing the student with age appropriate peers; providing educational support based on the student's individual needs; and placing the student in a regular education class with the necessary supports or services to assure success in that environment.

The appropriateness of general education class placement for all students has been debated nationally (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1992). The ongoing debate, has generated considerable support for regular education placement (Gartner & Lipsky, 1987; Reynolds, Wang & Walberg, 1987; Will, 1986), even for students with more severe disabilities (i.e., severe physical needs, profound learning impairment) (Giangreco & Putnam, 1991; Lipsky & Gartner, 1989; Stainback & Stainback, 1991; Thousand & Villa, 1990; Villa, Thousand, Stainback, & Stainback, 1992). Despite this growing support, the appropriateness of placing students with serious emotional disturbance or emotional behavioral disorders (EBD) in the general education classroom continues to be questioned

(Braaten, Kauffman, Braaten, Polsgrove, & Nelson, 1988).

The state of Vermont has made a commitment to serve all students in regular classes in their local schools. In 1990 the Vermont legislature enacted Act 230 (Vermont Act 230 of 1990) which directed each school district, in consultation with parents, to design and implement a comprehensive system of educational services to assure the success of all students in regular classrooms. Most school districts in Vermont now offer integrated educational programs, and many fully include their students with disabilities in general education placements (Giangreco, et al., 1992). However, even though some schools have successfully included their students with EBD within the general education classroom since as early as 1984 (Fox, Hamilton, & Broer, 1991), inclusion of students with this specific disability continues to be challenged.

An educator's understanding of and attitudes toward children with disabilities has been perceived as "influential in determining the intellectual, social, and emotional adjustment" (Jamieson, 1984, p. 211) of children with disabilities. Consequently, the knowledge and attitudes of general educators toward mainstreaming students with disabilities has been investigated extensively (Jamieson, 1984). However, the data from these studies often have yielded conflicting information and been difficult to interpret. Furthermore, the data often have been collected from paper and pencil tests as a sole measure, or the studies have focused on the experiences of educators who did not have primary responsibility for educating the student.

The current study was designed to allow regular educators to speak from their own frames of reference regarding the experience of having students with EBD in their classrooms. In all cases, the student was on the regular educator's class list and was considered part of the class, the regular educator was responsible for designing and implementing most of the student's educational programs as part of the student's educational team, and the student spent all or most of the school day in the regular classroom with the regular educator.

Methods

Subjects

The participants in this study were ten general education teachers who worked in seven Vermont public schools teaching second through eighth grade. Teachers were selected to be interviewed based on the following criteria: (a) during the last year all had a student with EBD in their general education classrooms on a full-time basis; (b) the students met the Federal definition for eligibility for special education services under the category "severe disabilities and serious emotional disturbance" (Individuals with Disabilities Education Act of 1990, P.L. 100-476) or Vermont's Act 264 definition (Vermont Act 264 of 1988); and (c) the students were part of a federally funded project (Fox, 1991) to provide statewide training and technical assistance to educational teams serving students with emotional behavioral disorders in the regular classroom.

Six male and four female teachers were interviewed. Their teaching experience ranged from three to more than twenty years. All were certified in general education; none had special education certification. Only one of the teachers reported receiving inservice training designed to prepare him or her for including a student with EBD in a general education classroom during the three years preceding the student's placement. Four of the teachers had at least part-time paraprofessional support (e.g., instructional assistant, one-to-one aide, teacher's aide) assigned to their classroom. All ten teachers had access to ongoing support from district or regional special educators and related service personnel (e.g., guidance counselors, school psychologist, speech/language pathologists, integration specialists).

Data Collection Method

A semi-structured interview was selected as the primary method for data collection because it

provided the teachers an open-ended format to share their experiences and gave the interviewer the opportunity to ask follow-up questions. The interview protocol allowed for the initial set of questions to be presented in a non-standardized way or in a different order, so that each interviewer could individualize question-asking. Teachers were asked the same questions in a follow-up interview, thus providing the opportunity to explore changes in perceptions across the school year.

All teachers provided written consent prior to being interviewed regarding their experiences teaching a student with EBD in the general education classroom and agreed to be interviewed at two points during the school year. Interviews were conducted between November 1991 and June 1992 in private rooms located at the schools where the teachers worked. Each interview was tape recorded with teacher permission. Interviews ranged from 30 to 60 minutes.

Each interview began with a review of the purposes of the research, an explanation of confidentiality and that all participation was strictly voluntary. The interviewer collected general background information about each teacher through administration of a survey prior to asking all questions on the interview protocol. At the conclusion of each interview, the interviewer asked each teacher if there were any questions or further comments.

Data Analysis Procedures

Analysis of interview data consisted of categorical coding. A total of 35 codes (e.g. description of student, impact of inclusion) were developed to describe portions of text. After the initial coding of all interviews, each interview transcript was re-coded by adding, combining, or separating previously coded text. These subsequent codes assisted in identifying emerging themes in the data.

Given the volume of interview data, a text sorting program (Seidel, Kjolseth, & Seymour, 1985, 1988) was used to sort the data by the 35 categories identified. This program assisted with the identification of themes and sub-themes that could be considered for analysis. Once themes were identified, positive, neutral or negative occurrences were highlighted and organized to assist in understanding the interview data. These sequenced themes were reviewed by the research team to ensure that the analysis was consistent with and/or not contradictory to their interview experiences with the teacher.

Member Checks

In April of 1993, a report about the results of analysis from the interview data was sent to all ten teachers. Using a member check protocol similar to that developed by Giangreco et al. (1992), all the teachers were asked to read the report and answer the following questions: (1) Are you satisfied that your anonymity was maintained in that the information you provided us is not personally identifiable? (2) Did you find that the content of the report accurately presented the information you provided in your interview? (3) Do the themes presented in this report include information you gave us in the interview? and (4) If quotes from your interview were used in this report, did you feel they were presented accurately and appropriately? A space was also available for the teachers to make any additional comments that might help the researchers more fully understand their perspectives. Teachers returned their member check forms in self-addressed stamped envelopes. Teachers who did not return their forms within two weeks were contacted by phone and asked to respond verbally to the member check questions. Teacher responses were used to adjust the final presentation of the study.

Results

As part of the interview protocol, all of the educators were asked what effect inclusion had on them professionally and personally. Their responses focused on the following areas: quality of education for the student; awareness of individual student differences and needs; awareness of the needs of all students; patience; workload and stress; and style of teaching. When the responses from the two interview sessions

with each teacher were compared, it was found that the educators' perceptions did not change.

In terms of educational quality, one elementary teacher felt that the experience had changed his belief that some children get a better education outside the regular classroom. That elementary teacher said, "I believe strongly that every kid should be in the classes. At one time I thought they probably would get a better education if they were taken out of the class...But now I feel that being in the class, socially they're just doing so much that I believe the social takes over the academic."

Some of the educators thought the experience had increased their awareness of individual differences in the classroom and the need to accommodate for these differences. One fifth grade teacher commented that, "It has clearly made me aware of children with different needs. Especially focusing on a traditional school program that I'm well versed in, my education, really, was a very traditional model. What I was taught as a teacher was a much more traditional model. And to really learn that there are children such as J., and other children, that need different ways of being taught. They do not always function in a traditional setting. And, they're bringing a lot of different things in. My values and my background are different than what his background and his values are, and I cannot force my values and my background upon this kid, and I have to change some of my own thinking." Another educator said, "It certainly has made me, just recently, more aware of each person's individual needs. And also, the way I teach, which used to be more of a whole group, and now having to deal individually with individual learning styles is totally different...." A second fifth grade teacher said, "Well, it's forced me to look at the way I present my material. Not to try to just teach to the middle. A lot of times, right now it's forcing me to work a little harder. There's some materials that are good for some kids and some that aren't. Sometimes you have to adjust your materials. It's forcing me to use other methods to get it across. Like all out cooperative learning, a lot more group work. I think just the way I present the material and my focus has been a lot different." Still another fifth grade teacher in a different school added, "At first I think I was frustrated because I wanted all children on the same level. So if Johnny got a 'B' I expected the same goal for Johnny that I would for Mary. I don't do that anymore. And that's like if, you know, on an essay question, Johnny may not be able to write so he has to tell me things and I used to say, 'No, you've got to write it down'. I don't do that anymore."

Other educators said that it had heightened their awareness of the needs of the other children. An elementary school teacher addressed the need to recognize and reinforce all students who do a good job, "I try to make sure that any reward system that I do is something that's available for all students. For one, it singles out that one student and for two I don't believe in a system that rewards a student that's occasionally okay, and the other kids that do a good job don't ever get rewarded. It's made me much more aware of the kids who are very capable functioning in a regular classroom, it's made me much more aware of rewards for them." Another educator added, "It's made me more aware of everybody's needs. And how my reaction to certain situations effects things at any one time. Probably made me more aware. I would like to think that it's given me more patience."

Another elementary school teacher talked about gaining patience, "I hope it's made me a little bit more patient. I find that I have to be much more tolerant of things that I would never foresee myself, or for other children doing." In addition he said, "Both good and bad. There is a lot of tension because of it, because of dealing with some of the unpredictability. I would say that that is the biggest draw back, the unpredictability. The good part is when you do develop the rapport and things do go well its a real exciting feeling. I hope to say that it's made me a more patient person."

One junior high school teacher talked about the amount of work and stress which was involved, "It's increased the workload. Increased personal

and professional stress. Increased parent contact, both good and bad... well, I think you have to develop creative strategies to deal with these students in the classroom. It's on the responsibility of the classroom teacher to do that. There aren't tremendous resources available and you're very challenged behaviorally and academically to keep these students in the ballgame. It's also helped me form opinions as to who I feel does belong in the classroom, what types of students can be integrated, which ones can't."

A middle school teacher also alluded to the increased stress, "I just think it's something new I'm learning that I've not had experience before in my life. I just think of that. I can't get it out of my mind. You know, you go home, you don't relax when you've had a day like this. It's hard to relax. I think it would effect most anyone like this. It's something you don't forget. I just try to get out and go for a walk or a jog or ride my bicycle." She also said, "We're closer now. It takes time, it's a lot of work."

Still others thought it hadn't changed them or their style of teaching because children with challenging behaviors have always been part of their classes. One junior high school teacher commented, "It hasn't changed me any more than in the past. What did change was the fact that he had an aide with him and that eliminated a lot of the extra time he would have taken that I was able to divvy up amongst the rest of the children. I've had children that require a great deal of attention at different times so its no different for me. Except now I have an aide, which is nice."

Discussion

This study has described the experiences of general education teachers in regard to the placement of students with emotional behavioral disorders in their regular classroom. The interviews described in this study offer preliminary support for the inclusion of students with EBD in general education classrooms. However, given the small number of participants and limited settings, these results cannot be generalized beyond those settings. Nevertheless, the preliminary findings raise some interesting questions for future study.

Seven of the ten educators who participated in this study indicated primarily positive to neutral experiences and outcomes with the inclusion of students with EBD in their regular classrooms. Three of the educators expressed more negative feelings and experiences. Interestingly, the educators who participated in this study all maintained their initial perceptions about the inclusion of students with EBD between the two interviews. For example, those who felt more negative about the experience during the first interview, maintained those perceptions in the second interview five to six months later.

At two of the sites where an educator expressed more negative perceptions about the inclusion of a student with EBD, a second educator also participated in two interviews. Despite referring to the same student and teaching in the same grade level in the same school building, the second educator at both of these sites expressed notably positive perceptions and experiences related to inclusion of the same student. This outcome leads to speculation about the types of attitudes, beliefs and values of the educator that are predictive of more successful placement and acceptance of students with emotional behavioral disorders in general education classrooms.

At the three sites where negative perceptions were emphasized about inclusion of the student, none of the students were identified as eligible for special education through having serious emotional disturbance. However, all three met Vermont's broad mental health definition (Vermont Act 264 of 1988) for severe emotional disturbance. Furthermore, none of these students received special education services or supports. Therefore, these more negative perceptions were actually in response to the regular educator's experience working with non-special education students who presented challenges within the

classroom. This raises concern about several possible issues that need further exploration: under-identification of students who should be eligible for special education; needed training for teachers in general class management skills; supports needed by teachers to address the issues of all students; and legal supports for students who are challenging, but are not part of special education.

Those educators expressing positive, neutral, or negative perceptions included new teachers as well as experienced teachers with more than 20 years in the classroom. None of the educators had certificates in special education and only one educator had a course specifically about students with serious emotional disturbance. For the limited number of regular educators included in this study, a successful experience including students with EBD did not depend on years of experience, knowledge of special education, additional resources or specific education in regard to inclusion of students with this disability.

The perspectives described by the teachers in this study are important because only a few general educators have had the experience of: being the primary educator responsible for the education program of students with EBD; having students with EBD on their class list; and fully including students with EBD in their regular classroom environments. Too often the decision about placement of these students precludes inclusion within the regular classroom. Too often this decision is based on the myth that students with this disability cannot be placed in the regular classroom. Hopefully some of the experiences of these educators who actually have these students in their classroom will challenge the belief that children and adolescents with this type of disability can only be educated in segregated classroom settings.

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Perceptions of Parents Regarding Their Involvement and Experience with Collaborative Educational Teams for Students with Emotional Behavior Disorders

The movement toward educating all students (including those with severe disabilities) within the regular classroom, has necessitated changes in the philosophy and structure of the school system. Collaborative teaming, a non-hierarchical group decision-making process, has been advocated as an effective model for assisting schools in this process of full inclusion. This study explored the perspectives of parents with children experiencing emotional behavior disorders (EBD) with respect to their involvement and satisfaction with collaborative educational teams. Semi-structured interviews were conducted at the beginning and end of the school year with 11 parents of 9 students with EBD. Students were in grades 2 through 8, representing a range of school districts throughout the state of Vermont. A qualitative analysis of the data indicated that parents differed in their degree of involvement with the collaborative educational teams for their children, although a majority reported feeling like full team members. All of the parents who perceived themselves as full team members, with an equal voice in decision-making, felt positively about the teaming process and believed that it had a beneficial impact on the education of their child. Thus, this study provides preliminary support for the inclusion of parents as full members on educational teams. The specific benefits of the team process for parents and the implications for the educational system are discussed.

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Introduction

During the past 20 years federal legislation has mandated that all students be educated within the least restrictive environment. While this has enabled students with disabilities to attend local public schools, many have continued to be segregated from their peers by receiving extensive "pull-out" services and being placed in resource room settings (Villa, Thousand, Paolucci-Whitcomb, & Nevin; 1990). Recently, there has been a move towards a model of full inclusion, whereby students of varying needs are placed in the regular classroom with supportive services as needed (Gartner & Lipsky, 1987). This change in educational model has brought about associated changes in the needs of the school system. As stated by Villa et al. (1990), "We believe that the current momentum to actualize the philosophy of inclusive education for all students inevitably leads to a paradigm shift related to the organizational structure of schools (p. 284)."

Currently, many schools have implemented a model of collaborative teaming in order to plan for the individual and diverse needs of students being educated within regular classrooms. The collaborative teaming model utilizes a group decision-making process whereby individuals with varied skills work together to achieve mutually agreed upon goals. There is an underlying assumption that all members of the group are

equally valued and can make unique contributions. In contrast to hierarchical groups, collaborative teams rotate and share roles (e.g., facilitator, recorder) and there is an equal distribution of tasks. The process involves positive interdependence, open communication, creative problem-solving, individual accountability, and ongoing evaluation of the team's functioning. When it is used in school systems, the collaborative model is designed to facilitate communication within the school, improve home-school and interagency coordination, provide support to school staff, parents, and other persons involved with the student (Johnson, D. & Johnson, F. 1987; Rainforth, York & Macdonald; 1992; Thousand & Villa, 1992).

The efficacy of the collaborative teaming model has been demonstrated across different types of organizational settings (Appley & Winder, 1977; Brandt, 1987; Thousand & Villa, 1992). A meta-analysis of more than 450 studies, conducted by Johnson, D. & Johnson, R. (1987), provided empirical support to indicate that a cooperative organizational structure is associated with increased achievement, better interpersonal relations, increased social support and higher self-esteem among team members, as compared to organizational structures based on competition or individualistic approaches where persons work independently. Specific to school systems, there is descriptive data to suggest that teachers, administrators, and related staff perceive the team process as beneficial (Albano, 1983; Meyer, Eichinger & Parker-Lee, 1987). However, the research literature has systematically ignored the perceptions of parents regarding their involvement on collaborative teams (Giangreco, 1989).

The few studies that have explored parents' perceptions regarding their child's educational needs indicate that parents of students with severe disabilities (i.e., sensory, cognitive, and physical impairments) disagreed with professional retention of authority and wanted to be included in educational decisions that affect their child and family (Giangreco, 1990; Giangreco, Cloninger, Mueller, Yuan, & Ashworth, 1991). There is also evidence to indicate that when parents are involved in their children's educational programs, the children are more successful in school (Salisbury, 1992). Furthermore, federal law (Individuals with Disabilities Act, PL 101-476, 1990) requires that parents be given the opportunity to participate in their child's educational planning. Nevertheless, studies have shown that over half of all Individual Education Plans are completed *prior* to meeting with parents. Research has also shown that parents are treated differently from other members of school teams (i.e., not respected and valued as full team members) (Gartner & Lipsky, 1987; Salisbury, 1992). However, there is a lack of studies regarding the perspectives of parents of children with emotional behavior disorders (EBD) with respect to their education. These parents' perceptions are particularly important given the ongoing controversy regarding the inclusion of students with EBD (Gartner & Lipsky, 1987; Braaten, Kauffman, Braaten, Polsgrove & Nelson, 1988).

The purpose of this study was to explore the perceptions of parents of children with EBD in regard to their experience with collaborative educational teams. This is one part of a larger study on inclusion of students with EBD that assessed the perspectives of parents, regular educators, special educators, and students.

Methods

Participants

The participants for this study were 11 parents of 9 children with emotional behavior disorders (EBD). The criteria for determining EBD was either the Federal definition of severe disabilities and serious emotional disturbance (Individuals with Disabilities Education Act, P.L. 100-476, 1990) or the state of Vermont definition for severe emotional disturbance (Vermont Act 264, 1988). All of these families were involved with a federal grant (Best Practices for Educating Students with Serious Emotional Disturbance in their Local Public Schools and Communities in Rural Settings) designed to provide technical assistance to educational teams serving students

with EBD within regular education settings (Fox, 1991). The students attended 9 different public schools throughout the state of Vermont and were enrolled in grades 2 through 8.

A total of 8 mothers and 3 fathers participated in this study (representing 9 families). Six were biological parents, 3 were adoptive parents, and 2 were step-parents. In all but one instance, the child was living with the parent who was interviewed. The exception was one interview which was conducted with the non-custodial parent. However, in this latter case, the parent reported considerable contact with his child. In 3 of the 9 families, there was only one parent living in the home at the time of the interview; although, for one of these 3 families the father was only temporarily absent from the home. Of these 11 respondents, 5 were employed and 6 were not in the labor force.

Procedures

Students and their families were recruited to be part of this study based on the decision of school personnel (i.e., administrators, regular classroom teachers, special educators). Each school was asked to select one student who met the criteria for emotional behavior disorders, as described above. Letters describing the nature and purpose of the study were then sent out to parents by the school. If interested, parents were asked to contact the school and were given the opportunity to discuss the study in more depth with the grant's project director. Prior to the actual protocol, parents were informed of the confidentiality of their responses and were asked to sign a written consent form.

The protocol for this study consisted of a semi-structured interview, Likert scale surveys to assess satisfaction with the school's ability to serve students with disabilities, and the administration of a standardized measure to assess the child's behavior within the school and home settings. However, for the purpose of this report only the qualitative results from the semi-structured interviews will be presented. Parents were asked to describe the experience of having a child integrated within the regular classroom setting. The interview format was flexible enough to enable parents to provide their perspectives from their own frame of reference. Interviews were conducted by a member of the project staff with each parent at the school, within the parent's home, or at another location of the parent's choice. Each interview was tape-recorded and lasted approximately 30-60 minutes. This protocol was administered at two time points: 1) prior to or within three weeks of the formation of individual student planning teams, and 2) at the end of the school year. All interviews were conducted between November 1991 and June 1992. Typically, there was a 5 to 6 month gap between the pre and post interviews.

Data Analysis

Each of the interviews was transcribed and categorically coded, based on 35 thematic areas. These codes were generated by the research team based on the content that emerged from an initial review of the interview data and were not pre-determined. Two researchers independently assigned codes for each transcript. Inter-rater reliability exceeded 80%. *Ethnograph* (Seidel, Kjolseth & Seymour, 1988), a computer sorting program, was then used to sort the interview material by its assigned codes. This process enabled the researcher to review and analyze all of the relevant data pertaining to a particular code and to generate additional thematic categories. For the purpose of this report, the data regarding only one thematic area, collaborative teaming, will be discussed. Because of missing interview data, the pre and post interview data was collapsed, instead of being analyzed separately.

Member Checks

An initial reporting of the results was sent to all 11 parent participants. An accompanying letter asked parents to indicate whether the results protected their anonymity, accurately presented their opinions and quotes, and whether the themes reflected their input. Parents were asked to return these member

check forms to the project staff in the self-addressed stamped envelopes. The purpose of the member checks was to increase the reliability of the study and modify the results based on these comments.

Results

With respect to parents' involvement in the team process, the results indicated that parents varied in the degree to which they felt like a full team member, with an equal voice in decision-making. On one end of the continuum were parents who expressed minimal involvement with the teams ("I'd rather done the forms at home than, you know, came in and do it."; "...I haven't heard any bad reports or any good reports. I just haven't heard anything."). At the other extreme, were parents who indicated that they were "most definitely" full team members, with equal say in all decisions regarding their children. "If I can't make a meeting for one reason or other...maybe I've missed one or two...they have sent me copies of the minutes of the meetings so I can keep updated...Yes, I feel like an equal partner." Two parents described having a moderate degree of input. One of these latter parents indicated that she only feels included in the team process "when they want me to be. When it's convenient for me to be...I don't really have a lot of trust in my voice being equal." This parent advocated for schools and parents to "work a little bit more closely together and allow the parent to have a full voice, not a half voice or a tenth of a voice, or three-quarters of a voice. Parents should be able to have a full equal voice in their child's plan and they should be listened to."

All of the parents who described being full team members felt very positive about the teaming process. There were numerous benefits that they associated with this type of collaboration. Several parents described the benefits of increased communication and sharing of information. For example, some parents indicated that by listening to the approaches employed by the teachers, they gained new ideas and skills regarding how to deal with their children's behavior problems. "I learned some things about how to deal with different things that [my son] does and his behavior, because they've been working on his behavior, too." It was also felt that collaboration increased the consistency between the school and home environments.

> *Being kept up to date is how I can be more effective with [my son] on the outside if I know what's going on, when it happens and how it has been dealt with instead of trying to deal with it without knowing and possibly being counter-productive and hurting the work that they are doing.*

Furthermore, the teaming process offers an opportunity for teachers to learn from parents. As suggested by one parent,

> *They should work more with the parents...be willing to listen to the parents' ideas about how to deal with this kid. If this kid has behavioral problems and the regular school program or discipline is not working, the parents may have some creative ideas that may seem unorthodox to schools.*

Another reported benefit of collaborative teaming was that it facilitated the process of making changes in the student's program and making sure that follow through occurred.

> *Last year it was like our heads were up against the wall to try and have the IEP changed or anything else. Like they were just trying to shove him under the rug and get him out of their hair, I mean that's what it seemed like to us. It was easier to suspend him for five days at a time, then to have him in school and try to deal with everything that is going on. This year with the team and everything, it's helped out a lot, it's worked out a lot better.*

This theme was reiterated by another parent who emphasized "the meetings that we've had to ensure that [my son] gets his services in the

classroom", when asked to recall any experiences with the school that were extremely positive. In general, parents who were full members felt that it was truly a group effort and that they had equal input into their children's schedules. "Those group meetings...everybody learns what's going on, everybody has input in what's going on." Another parent also compared her positive feelings of involvement to her previous frustrations when not part of a school team.

> *I think it's given me better insight into the teaching processes within the public school system and the ability to voice my opinion about them and about [my son's] problems. I felt in my lifestyle we were bumping our heads against a brick wall before with other school systems where we were allowed to attend certain meetings, but the real crucial ones, we really weren't.*

Perhaps most important, it was suggested that the teaming process had a direct effect in reducing the behavior problems of students and making them feel supported.

> *Since we've had this team together, I'd say that we've come a long way with [my son]. I'd say that he's done a lot better. Last year he was out of school more than he was in school because they would just kind of shove work at him and there's no way he could do it. He was acting out. This time with this team, he knew that we were in contact with everybody every week and it seemed to help him.*

A couple of parents also felt that it was helpful to have the student be included on the team.

> *Even [my son] has input into what's going on, which is good; that way, he doesn't feel that everybody is working behind his back trying to do this against him instead of just trying to help him.*

There were only two parents who reported negative effects of the school teams. One mother who felt excluded by the school expressed her fears of having too many professionals working with her child. "I worry about too many people having different points of views and coming up with their own labels." Another parent who reported minimal involvement stated that she felt too pressured by the school to be part of the team process. "I didn't want to come to the meeting, I didn't want to come, they kept calling me anyway, I said no, I don't want to go to school, I don't want to take [my younger son]. He doesn't go with a baby-sitter, so I'm the only one, he hasn't been away from me since he's been born..." In general, however, most parents felt that the combined effort was advantageous in that "we all worked together to support a common goal."

Discussion

This study provides support for the philosophical position that collaborative teaming is a useful process in developing appropriate educational programs for students with emotional behavior disorders. Furthermore, it underlines the importance of parents being provided the opportunity to be full and equal members of their child's educational team.

The reported advantages of the collaborative model include: 1) increased home-school coordination (i.e., sharing of information, increased consistency across environments), 2) facilitation of changes in the student's educational program and 3) a decrease in the student's behavioral difficulties. However, these positive perceptions are contingent on parents feeling that they are respected and valued members of the team process, with an equal voice in decision-making. Simply having group meetings is clearly not equivalent to a collaborative teaming model. When parents feel that they are "token" members only and are excluded from critical decisions regarding their children, these results suggest that there is a subsequent lack of trust in the school staff and concern regarding multiple perspectives.

Furthermore, while these results confirm the need for parents to be given the opportunity to participate on school teams, it is important that they have the final choice as to their level of involvement. Parents may have numerous reasons (i.e. job conflicts, lack of child care) why they are unable to be involved at a particular point in time and it should not be assumed that this limited involvement reflects a lack of caring regarding their child. However, at the same time, schools must be aware of subtle barriers to parent participation (i.e., devaluing their input, intimidating interactions) and discuss with parents how they can facilitate their participation.

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